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ABSTRACT

Data in this document provide information about American children from the beginning of their lives until their fourth birthdays. Compiled largely from federal government sources, the statistics document the birth of infants, the circumstances of their families, the risks to life and health they face in the first years of their lives, the family and community environments in which they develop, and the sources of health care available to them. Varying enormously in depth and in detail, the data with few exceptions are no older than 1980. An introductory summary sketches in broad strokes a group portrait of the nation's youngest children. Section I provides birth statistics and indicates characteristics of child-bearing families. Section II, focusing on infants at risk, concerns congenital malformations, low birth weight, adolescent mothers, exposure in utero to stimulants and drugs, failure to thrive, mental health, behavioral or psychosocial disorders, child abuse and neglect, accidents, and mortality. Section III focuses on working parents and child care, poverty, nutrition, environmental poisoning, divorce and custody, and foster care and adoption. The final section, Section IV, concerns prenatal health care and nutrition, acute and preventive health care for infants and toddlers, and mental health services. (RH)

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THE NUMBERS

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Infants Can't Wait:

THE NUMBERS

National Center for Clinical Infant Programs

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Some facts about our nation's infants and toddlers

1. One quarter of all babies born in the United States are born into poverty. One fifth are born to single parents.
2. The U.S. infant mortality rate is higher than that of all other industrialized countries.
3. The U.S. infant mortality rate is 14% higher than Canada's, and the death rate for children ages one to four is 8% higher than Canada's. For older children U.S. rates are lower.
4. There were more than five times as many births to single women in 1983 (737,893) as in 1950 (142,000). Almost 37% of the 1983 births (270,000) were to unmarried teenagers.
5. The percentage of low-income children six months to five years who are at risk of brain damage due to elevated levels of lead in their blood is nine times that of upper-middle-income children.
6. Black infants are more than twice as likely to be of low birth weight as white infants.
7. Children three years and under comprise 30% of the abused population but only 22% of the general population.
8. More than 50% of all women with infants under age three were in the labor force in 1986.
9. Approximately 70% of all infants and toddlers in out-of-home care by non-relatives are in family day care. Over 70% of family day care is unregulated. Nineteen percent of family day care providers have an eighth grade education or less.

INFANTS CAN'T WAIT: THE NUMBERS

Summary

Infants Can't Wait: The Numbers talks about American children from the beginning of their lives until their fourth birthdays. These earliest years are crucial for all aspects of human development; therefore, it is important to know what infants and toddlers experience in many areas of their lives. Compiled largely from federal government sources, the statistics in *Infants Can't Wait: The Numbers* document the birth of infants, the circumstances of their families, the risks to life and health they face in the first years of their lives, the family and community environments in which they develop, and the sources of health care available to them. This publication is a companion to the pamphlet *Infants Can't Wait*, which reviews the developmental tasks and needs of infants and toddlers, describes the support for healthy development currently available in this country and suggests new initiatives and strategies to address unmet needs.

Readers of this document will discover data which vary enormously in depth and in detail. This is so because, unfortunately, major aspects of the lives of infants and young children are sparsely sampled or ignored altogether in data gathering by the federal government. While research and clinical awareness of the early years of life have expanded tremendously in the past twenty years, infants are still awaiting the attention to their circumstances and needs which can only come from systematic collection of information on a national level.

The data gathered here testify to the efforts of many individuals who first drew the attention of the nation to these figures. They understood that compiling reliable national statistics on births and deaths of infants, and the links between them; on economic, health and nutritional status; on child care arrangements; and on the prevalence of child abuse and neglect in all its forms was an essential part of bringing concerns about children to public consciousness.

The ability of a society to mount effective programs to prevent illness and disability and promote the healthiest possible development of young children is intimately connected to its understanding of the lives of infants, toddlers and their families. Particularly when information is already meager, cutbacks in federal data-gathering capabilities hamper the effort to use services most efficiently.

I. National data on infants and toddlers: areas for concern illustrated by the data

While the statistics collected by the federal government about children in the first three years of life do suggest some broad areas of progress, such as a long-term overall decline in infant mortality, the data also permit

generalizations which suggest areas for serious concern. Statistics in this publication reveal the following:

1. *The earliest years of life are a very vulnerable time.* Infants in the first year of life are much more likely to die of natural causes than are older children. Infants and toddlers are also much more likely to be killed as a result of accidents or child abuse than are older children, who may be injured, but who will survive.

2. *Many American children bear multiple burdens from the beginning of their lives.* National data reveal that whereas most of our nation's children begin their lives in healthy, secure circumstances, some of our children do not. What is more, the same infants who enter life facing one form of risk to healthy development—low birth weight, for example—often face multiple biological and environmental risks, of varying kinds and severity.

3. *Primary health care for infants and toddlers focuses on curing illness rather than on preventing disease.* Very little of the medical care received by children after the first year of life is preventive in nature. Well child care is seldom reimbursed by third party payors, and many children fail to receive immunization against major childhood diseases or screening for potentially disabling conditions before they reach school age.

II. Gaps in national data on infants and toddlers

A review of the data assembled here about the status of American infants and toddlers also serves to suggest the gaps in available information about children from birth to three. The way information is aggregated and a lack of agreement on reporting criteria contribute to these gaps. So does, of course, the failure to collect any data at all about several important aspects of the lives of young children and their families.

1. *Aggregating data—Published figures on children do not distinguish the birth-to-three age group.*
Statistical tables repeatedly offer information about children "under 6" or even "18 and under." While this document has assembled information pertaining to children from birth to the fourth birthday as much as possible, exceptions have been made when data have not allowed this categorization. A lack of uniformity among surveys also hampers understanding: one study will report on children from birth to three, another on children from two to five, and still another on children from birth to five. Our most detailed national health and nutrition survey does not include children under one year of age.

2. *Ill defined criteria—No nationwide system reports the incidence of physical disabilities and mental retardation among infants and toddlers.*
Despite increasing national concern about the well-being of disabled infants and those at risk for developmental problems, no uniform reporting criteria, with standard definitions and measurement tools, exist even for those disabilities and risk conditions which can be identified while the newborn is still in the hospital.

3. *Almost no data exist on the mental health and developmental status of very young children in their families.*
The federal government collects and summarizes more data on whether American infants and toddlers have had operations on the bones of the middle ear, than on their emotional and social development or the stresses in their homes and families. While a number of communities do make efforts to identify families, often before the birth of a child, in which social isolation, psychological disturbance or other factors may place the infant's development at risk and to offer appropriate support and guidance, these

efforts are all too rare. It is more common to learn, after the fact, only about those kinds and levels of family distress which have resulted in violence or gross neglect toward very young children. And even this information is quite limited. Although the federal government provides funds for the aggregation by age of the number of children reported as abused and/or neglected, states are not required to furnish this data and only about half of them do.

4. *Very little national information is available on the status of infants and toddlers in child care settings, particularly in family day care homes.*
Although care outside the home for a significant portion of each work day is a fact of life for increasing numbers of children below the age of three, only the most rudimentary information on child care arrangements is currently collected by the federal government. It has been estimated that roughly 70% of infants and toddlers cared for outside their homes by non-relatives are in family day care homes—the great majority unlicensed and unmonitored. Even the number of infants and toddlers in center-based care is not known.

5. *U.S. government attention to this population.*
The needs of children under age four have, by and large, been systematically addressed by few agencies of the federal government. A subsequent report of the National Center for Clinical Infant Programs will analyze the funding patterns, agency by agency, for services, training and research related to infants and toddlers at developmental risk.

III. Highlights from the data

Infants who are waiting

Some of the more striking national statistics on America's youngest children are summarized below. Should the problems they suggest seem too relentless and too vast to address constructively, the reader is urged to remember that another significant gap in our national information system has to do with a lack of national awareness about those preventive and therapeutic approaches to infants, toddlers and their families which do exist and which are proving effective. Many possible approaches are suggested in NCCIP's companion pamphlet *Infants Can't Wait*. The National Center for Clinical Infant Programs can provide information about current efforts.

Newborns at risk

Every year about 3.7 million babies are born in the United States. Eighty percent of these infants are white, 16% black, and 4% of other races. About one quarter of all babies are born into families living in poverty. In 1983 almost 738,000 or about one-fifth of all babies were infants born to single mothers, more than a five-fold increase in the rate since 1950. The rate of births to unmarried white adolescents is almost two-thirds again what it was in 1970, whereas the rate for unmarried black teenagers has been falling. Nevertheless, the rate for black is almost four times that for white unmarried teenagers.

Almost 250,000 babies born each year weigh less than 5-1/2 pounds, and of these more than 43,000 weigh less than 3-1/3 pounds. Between 100,000 and 150,000 (3-5%) are born with congenital anomalies which will lead to mental retardation. One to two percent of infants are born with another identifiable disability. More than 3,700 American infants each year are born with fetal alcohol syndrome.

According to the most recent national survey data, about 10 out of every 1,000 white babies in America will die in the first year of life, whereas almost double that number of black babies will not live through the year. (After a child's first birthday, he or she has less than one chance in a thousand of dying in any given year.)

Outside the two-parent family

About 8.4 million families with their own children under three live in the United States. Of these, about 1.2 million (or more than 14%) are born to single parent families.

Another 49,000 children age zero to three are in foster care. Many are handicapped. More than three-fourths of the children from one to three years of age who are in foster care are not free for adoption. Of those who are free, only about half are placed before age three.

Multiple risk

The same infants who enter life facing one form of risk to healthy development often face multiple biological and environmental risks.

- *Money makes a difference.* A low-income mother is less likely to have had adequate prenatal care. An infant born into a low-income family is more likely to be low birth weight or even to die than a baby in a middle-income family. If he lives, he is likely to have a lead level in his blood nine times higher than that of a middle-income infant. Poor babies are less likely to be breast fed.
- *Low birth weight and prematurity are associated with multiple risks.* An infant who is low birth weight and/or premature is more likely than a full-term baby to have some degree of mental retardation or other disabling condition. The low birth weight infant's mother is more likely than the mother of a full-term baby to have received little or no prenatal care.
- *Mothers' circumstances affect infant outcomes.* A teenage mother is more likely than an older woman to bear a low birth weight baby or an infant with a disability. Mothers with less than a high school diploma are half again as likely to have unintended pregnancies than are mothers who have completed high school.
- *Race and risk are closely linked for infants.* National statistics on black infants reflect the economic and other stresses they and their families experience. Few statistics are available on risks to infants in other ethnic groups. A black child is more likely than a white baby to be born to a teenage mother, to be born to a single mother, and to be poor. His birth is more likely to have been unplanned and to be closer to the birth of siblings. A black baby is more likely to be low birth weight than a white infant and more likely than a white baby of the same income level to be bottle fed. He is likely to acquire a lead level in his blood 6-1/2 times as great as that of a white infant. He is more likely to grow up with one parent, or with no parents.

Mental health and behavioral status

Incidence of mental health disturbance in the first three years of life appears to be correlated with chronic illness in the child, with maternal depression, and with parental marital problems or single parenthood. The one or two local studies of the mental health of very young children suggest that about one out of six children as young as age three has a diagnosable mental health disorder. However, the lack of standardization in diagnosis hampers assessment of the dimensions of this problem.

The severe growth disturbance know as failure-to-thrive occurs, for wholly or partly non-organic reasons, in more than 2% of the pediatric population; 80% of the children hospitalized for failure-to-thrive are less than 18 months of age.

Although they represent only 22% of all children, infants and toddlers three years of age and under account for 30% of the 800,000 reported cases of child abuse each year and an even higher percentage of the fatalities caused by abuse. Once again, correlations with other forms of stress are apparent: handicapped infants and toddlers are more likely to be abused.

Daily care of infants and toddlers

More than half (50.8%) of mothers of children under age three are in the labor force; of these, 65% work full time, 35% part time. This is three times

the rate in 1960, and the participation of mothers with the youngest children seems to be increasing the fastest. From 1977 to 1982, the percentage of working mothers with children under one year of age increased 30%, of mothers of one-year olds, 28%, and 15% of mothers of two-and three-year olds. Approximately one-fourth of the mothers with children under six who are at home say that they would work if affordable day care were available.

Child care arrangements of working mothers whose youngest child is under three vary widely. Family day care accounts for more than 70% of all out-of-home care by non-relatives of infants and toddlers. A significant number of mothers of children under age four report that they use multiple care arrangements, that father and mother work different shifts in order to care for the child, or that the mother cares for the child even while working full time.

In contrast to the uniformly extensive supervision carried out by states of their school systems and facilities in which children over six spend a large part of their days, great variability exists among states concerning requirements for infant day care facilities and the qualifications for caregivers for infants and toddlers. Some states do not regulate infant day care at all.

The lack of preventive health care for infants and toddlers

Very little of the medical care received by children over the age of one is preventive in nature, even though almost 90% of children under age six see a doctor at least once a year and children in this age group average three or four visits per year.

Children under six are less likely than older children to live in families with private health insurance, and even families with private insurance coverage do not, by and large, receive reimbursement for well baby care. Thirty percent or more of all children ages one to four have no immunization against major childhood diseases. The percentage of children immunized against measles, DPT and polio has decreased since 1976.

Children whose parent or parents are unemployed are more likely than children of working parents to experience illness or psychological stress and are, not surprisingly, less likely to be covered by private insurance. Public sector programs leave many children unserved. Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program serves only one quarter of eligible children and provides continuing health care to one-tenth. More than two-thirds of the children aged one to five diagnosed as having severe eye abnormalities receive no treatment; only one-third of the children eligible for dental care are served. The Supplemental Nutrition Program for Women, Infants and Children (WIC) serves only about one-fifth of eligible children under five and only 29% of eligible pregnant women. Although the number of individuals served is rising, the proportion of eligible women and infants being reached is falling.

While some 1 to 2% of all newborns are identified as disabled, it is estimated that by age five at least 8.5% have some disabling condition. Some states have shown remarkable progress in screening, identifying and treating infants at risk of disability, but many more opportunities for early detection and preventive intervention are missed.

Comparison to other countries

Great Britain spends 119% of what it spends on health care for prime age adults on health care for children. In contrast, the United States spends only 37% on health care for children of what it spends on health care for prime age adults. The relative inattention to child health is reflected in the

earliest years as well. The United States' infant mortality rate is higher than that of eleven other countries. Our incidence of low birth weight is higher than that of all other Western countries and of several countries of the third world. Our youngest children have much less access to routine preventive health care than children in other industrialized countries, most of which have national health care systems. Furthermore, many of our poor children lack access to the continuity of ongoing, integrated health care, a situation which is not the case in countries where medical treatment is not dependent on income.

Compared to Canada, the United States has an infant mortality rate 14% higher and a death rate for children between one and four years of age which is 8% higher. (This is in contrast to the comparative death rates of older children, which is higher for Canada.) Children in the United States, especially low-income children, have less access to hospital care than do Canadian children.

More than 100 other countries, including developing nations, have national laws giving women the right to take leave from work at time of childbirth with guaranteed return to the same comparable work. The average European woman is entitled to six months of paid leave and one year unpaid leave with benefits. Even twenty countries which have no national health insurance do have maternal leave policies. In contrast, the United States has no national policy, nor do 45 of the 50 states.

The United States also lags behind other industrialized countries in provision of child care. Not only does the typical European family have access to free public preschool from age three, but a number of countries have substantial infant and toddler care as well. Leading among these are Sweden, Finland, Denmark, France, the USSR, and the German Democratic Republic, all of which have extensive *crêches* or infant care programs.

Conclusion

The paragraphs above have sketched in broad strokes a group portrait of our country's youngest children. All of them are vulnerable and many experience multiple risks to healthy development; few opportunities to prevent their illness or impairment are being taken. The data which follow can be used to fill in some of the outlines until more extensive and systematic data collection allows more information about the lives of American infants, toddlers and their families to emerge from shadows.

Notes

Infants Can't Wait: The Numbers was compiled primarily using published government sources. When little or no information was available through the government, as with the mental health status of children, other studies have been used; but overall the report reflects how much, or how little, the federal government has published on the subject of infants and toddlers. It should be noted, however, that information sometimes has been collected but not published. In two sections, poverty and foster care, unpublished data has been used.

As much as possible, comparable age groups and years have been used through this document. However, because different studies often use different age breakdowns, there is some variation throughout. One of our recommendations is that age breakdown be standardized on national surveys. The statistics used are primarily from national samples, but a few come from smaller studies.

The data are, with a few exceptions, no older than 1980. A few older studies have been used if nothing newer is available.

I. Who Is Born

The United States keeps accurate, timely statistics on the number of births and the demographic characteristics of those who are born. Infants born in 1983 were five times as likely to be born to a single mother as babies born in 1950. Black infants were less likely to be wanted at conception, according to their mothers' reports, than white infants.

A. Birth Statistics

- **registered live births**[1]

1960	*1970*	*1980*	*1984*
4,257,850	3,731,386	3,612,258	3,697,000

1. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 33, No. 12, March 26, 1985, p.1. *and* National Center for Health Statistics, *Monthly Vital Statistics Report*, V. 34, No. 6, Supplement, September 20, 1985, Table 1.

- **births, 1983, by race**[2]

total	*white*	*black*
3,638,933	2,904,250	586,027

2. National Center for Health Statistics, *Monthly Vital Statistics Report*, V. 34, No. 6, Supplement, September 28, 1984, Table 1.

- **births to Hispanic parents, 1983**[3]

336,833

3. Phone conversation with Stephanie J. Ventura, Division of Vital Statistics, February 1986. Hispanic births are recorded in the 23 states with the largest Hispanic population.

- **sex ratio of births, 1983**[4]

	boys	*girls*
all	1052	1000
white	1057	1000
black	1038	1000

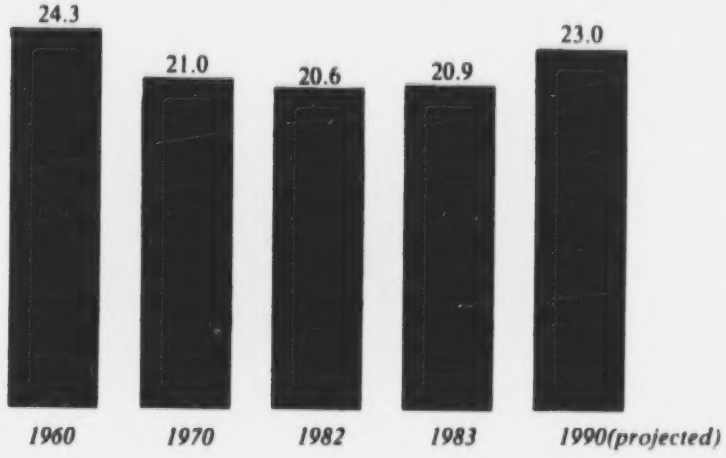
4. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 34, No. 6, Supplement, September 20, 1985, p. 21.

- **birth circumstances in 1983**[5]

98.9% of all births
doctors attended 96.7% of these births
midwives attended 2.0% of these births

5. Ibid., p.25.

- **children in the US ages 1 to 5 in millions**[6]



6. U.S. Bureau of the Census. *Current Population Reports*. Series P25, Nos. 917 and 922. Phone contact, January 1986.

- **number of abortions**[7]

	1973	*1977*	*1981*	*1982*
CDC	616,000	1,079,000	1,301,000	
Guttmacher	745,000	1,320,000	1,577,000	1,573,900

7. National Center for Health Statistics. *Health: United States: 1984*. Department of Health and Human Services. Washington. Government Printing Office. December, 1984. Table 6. Phone contact, January 1986. The Guttmacher Institute collects data from clinics and ob/gyn's, as well as hospitals, making their numbers higher than the CDC's.

- **abortions per 100 live births, by age of woman**[8]

	1973	*1977*	*1981*
total	19.6	32.4	35.8
< 15	74.3	112.1	126.4
15-19	31.7	57.2	66.8
20-24	17.9	32.5	37.9
25-29	12.3	19.9	23.2
30-34	16.5	22.8	23.7
35-39	26.7	42.4	40.3
40+	40.2	74.2	77.6

8. National Center for Health Statistics. *Health: United States: 1984*. Department of Health and Human Services. Washington. Government Printing Office. December, 1984. Table 5. Data from the Centers for Disease Control.

- **life expectancy for children in 1983**[9]

at birth 74.7 years
at age 1 75.5

9. *Monthly Vital Statistics Report: Annual Summary of Births, Deaths, Marriages and Divorces: United States, 1983*. V. 32, No. 13. National Center for Health Statistics, September 21, 1984. p. 13.

B. Characteristics of Child-Bearing Families

- **crude birthrate per 1000 population**[10]

1960	*1970*	*1980*	*1982*	*1984*
23.7	18.4	15.9	15.9	15.7

10. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 33, No. 6, Supplement, September 28, 1984, Table 1; and V. 34, No. 6, Supplement, September 26, 1985, Table 1. Note: crude birthrate per 1000 of total population.

- **fertility rate per 1000 women, 15-44**[11]

	1960	*1970*	*1980*	*1982*	*1983*
all	118.0	87.9	68.4	67.3	65.8
white	113.2	84.1	64.7	63.9	62.4
black	153.5	115.4	88.1	84.1	81.7

11. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 33, No.6, Supplement, September 28, 1983, Table 1; and V. 34, No. 6, Supplement, September 20, 1985, Table 4.

- **birthrate by age per 1000 women**[12]

	1970	*1980*	*1982*	*1983*
10-14	1.2	1.1	1.1	1.1
15-19	68.3	53.0	52.9	51.7
20-24	167.8	115.1	111.3	108.3
25-29	145.1	112.9	111.0	108.7
30-34	73.3	61.9	64.2	64.6
35-39	31.7	19.8	21.1	22.1
40-44	8.1	3.9	3.9	3.8
45-49	0.5	0.2	0.2	0.2
15-44	87.9	68.4	67.3	65.8

12. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 33, No. 6, Supplement, September 28, 1984, p. 16; and V. 34, No. 6, Supplement, September 20, 1985, p. 17.

- **interval between births**[13]

(calculated from 1983 delivery date to previous delivery date)

13% had a sibling born less than 18 months earlier
17% of blacks had a sibling born less than 18 months earlier
12% of whites had a sibling born less than 18 months earlier

13. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 33, No. 6, Supplement, September 28, 1984, p. 7.

14. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 34, No. 6, Supplement, September 20, 1985.

• birthrate per 1000 women, 15-44, by birth order, 1983[14]

	1st child	*2nd*	*3rd*	*4th*	*5 or more*
all	27.8	21.5	10.1	3.7	1.4
white	26.8	20.9	9.4	3.3	1.2
black	32.3	24.1	13.7	6.3	2.8

15. William F. Pratt and Marjorie C. Horn. "Wanted and Unwanted Childbearing: United States, 1973-1982." *Advance Data*, National Center for Health Statistics, No. 108, May 9, 1985.

• wantedness of births, mothers 15-44, 1982[15]

	wanted at conception		
	never married	*was married*	*now married*
all	32.8%	47.9%	61.9%
white	39.2%	50.7%	67.0%
black	28.7%	39.8%	49.5%

	wanted, but mistimed		
	never married	*was married*	*now married*
all	42.3%	34.7%	26.2%
white	42.4%	36.7%	26.0%
black	41.4%	31.1%	33.1%

	unwanted at conception		
	never married	*was married*	*now married*
all	24.8%	16.8%	7.8%
white	18.4%	12.2%	6.8%
black	29.8%	27.8%	17.2%

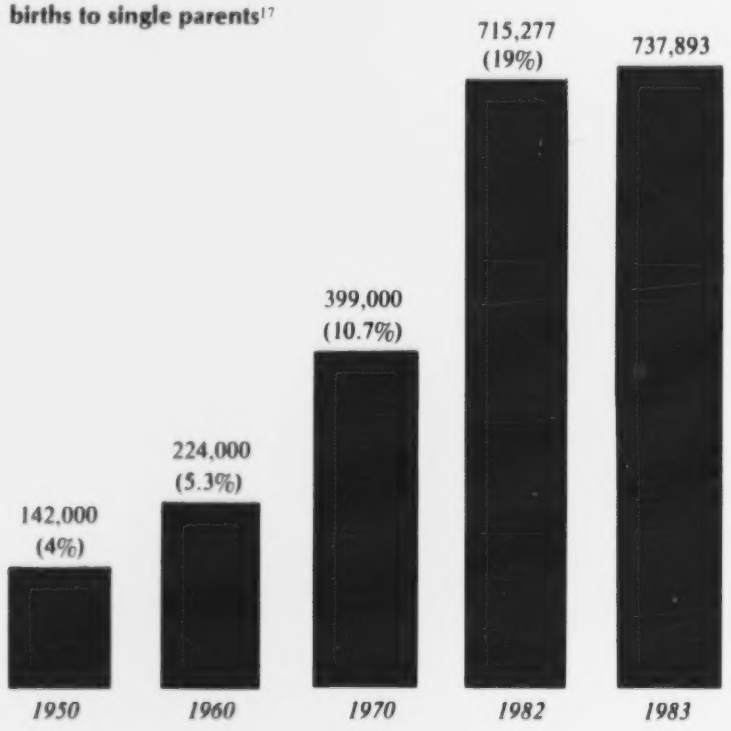
16. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 34, No. 6, Supplement, September 20, 1985, p. 8. The data on men is not as complete as that on the women.

• education of parents of newborns, 1983[16]

	men	*women*	*black female*	*white female*
12+ years	84%	78%	66%	81%
4+ years col.	23%	16%	7%	18%
< 8 years		4%		

17. *US Children and their Families: Current Conditions and Recent Trends*. A Report Together with Additional Views of the Select Committee on Children, Youth and Families. May, 1983, p. 4. Data from the National Center for Health Statistics *and* "Advance Report of Final Natality Statistics, 1982." *Monthly Vital Statistics Report*, V. 34, No. 6, Supplement, September 20, 1985.

• births to single parents[17]



18. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 33, No. 6, Supplement, September 20, 1985, p. 31.

- **births to single parents, by race**[18]

	1982	*1983*
black	335,927	341,077
white	355,180	370,884

19. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 33, No. 6, Supplement, September 28, 1984, Table 18; and V. 34, No. 6, Supplement, September 20, 1985, Table 17.

- **births to unmarried women by age, rate per 1000 women**[19]

	1970	*1980*	*1982*	*1983*
15-17	17.1	20.6	21.5	22.1
18-19	32.9	39.0	40.2	41.0

20. Wendy Baldwin. "Adolescent Pregnancy and Childbearing: Growing Concerns for Americans." *Population Bulletin*. N. 31. 1980.

- **conceptions per 1000 women, 15-19**[20]

1974	*1979*
85.8	98.5

21. Michael R. Petit and Donna Overcash. *America's Children: Powerless and in Need of Powerful Friends*. A 1983 Status Report to the National Governor's Association, p. 82. Data from the Guttmacher Institute.

- **adolescents who intend to raise their babies**[21]

	1971	*1976*
all	87%	96%
black	94%	almost 100%
white	75%	90%

22. National Center for Health Statistics. *Health: United States: 1984*. Department of Health and Human Services. Washington. Government Printing Office. December, 1984. Table 25 *and* National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 32, No. 13, September 21, 1984, p. 5; and V. 34, No. 6, September 26, 1985, p. 7.

- **maternal mortality per 100,000 live births**[22]

	1960	*1970*	*1980*	*1983*
all	37.1	21.5	8.5	8.0
white	26.0	14.4	6.3	5.9
black	103.6	59.8	20.4	18.3

II. Who Is at Risk

There are many ways our nation's infants and toddlers are or might be at risk. The following categories represent some of the most obvious or most fully reported.

A. Infants with Congenital Malformations[1]

Statistics on the incidence of congenital malformations, including mental retardation, illustrate the imprecise nature of the data collected in these areas. When no developmental information is regularly collected about most American children between the time of their birth and their entrance into kindergarten, we can only speculate about the circumstances that lead to an eightfold increase in disability conditions during that period. We also miss opportunities for early intervention and remediation.

1. This section contains information on genetic birth defects, insults to fetal development, and birth injury.

- **between 100,000 and 150,000 infants,** 3-5% of all births, will be mentally retarded. Many have additional birth defects.[2]

2. US Department of Health and Human Services. President's Committee on Mental Retardation. Report to the President. *Mental Retardation: Prevention Strategies that Work*. 1980, p. 3.
Because of differing definitions and reporting methods, no firm figure can be given, so a range is used instead.

- **1-2% of all infants** are said to be born with some disabling condition, using a stricter standard of definition[3]

3. Alfred Healy. *The Needs of Children with Disabilities: A Comprehensive View*. University of Iowa Press, 1983, p. 13.
Healy estimates the presence of disabling conditions based on the standards established in Public Law 94-142, the 1975 Education of the Handicapped Act, which encompasses orthopedically impaired children and children with specific learning disabilities.

- **by age 5, estimates of children with disabling conditions** range from 8.5%, using the standards of P.L. 94-142 and P.L. 91-313, to 11 or 12%[4]

4. Ibid.

- **incidence of certain disabilities at birth**[5]

	incidence/1000	*survival to age 20*
cleft lip/palate	1.6	92%
cong. heart disorders	9.0	65%
severe heart dis.	2.6	10%
cystic fibrosis	0.27	60%
Down's Syndrome	1.4	70%
muscular distrophy	0.11	25%
neural tube defect		
spina bifida	0.7	50%
encephalocele	0.15	17%

5. Steven L. Gortmaker and William Sappenfield. "Chronic Childhood Disorders: Prevalence and Impact." *Pediatric Clinics of North America*. V. 31, No. 1, February, 1984, pp. 3-18.

- **between 1500 and 2000 children** are born each year with fetal alcohol syndrome[6]

6. "Public Information Campaign," National Institute on Alcohol Abuse and Alcoholism, p. 1. Data from the Centers for Disease Control.

- **incidence of fatal Sudden Infant Death Syndrome**[7]

	rate per 1000 births		
number	*1982*	*1983*	*1984*
522	1.2	1.3	1.4

7. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 33, No. 12, March 26, 1985, p. 10. *and* National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 32, No. 13, September 21, 1984, Table F.

- **children 0-5 in poor health, or with limited activity, 1981**[8]

health "fair" or "poor"	4.2%
limited activity	2.2%
some activities impossible	1.8%
all major activities impossible	0.4%

8. *Health: United States: 1984*. US Department of Health and Human Services, Washington, 1985. Table 31.

B. Low Birth Weight Infants

The incidence of low birth weight is higher than that of almost all other Western countries.

Data on the incidence of low birth weight are collected by state and for the United States as a whole and are correlated with the age and race of mother and the amount of prenatal care received. More than 60% of all deaths in the first month of life occur among low birth weight babies. Low birth weight is also strongly associated with infant morbidity, including congenital malformation and retardation. Surviving low birth weight babies spend weeks and months in neonatal intensive care units. Black infants are more than twice as likely as white infants to be low birth weight and the disparity is increasing.

● **247,668 infants** were born in the U.S. in 1983 weighing less than 2500 grams, or less than 5 lbs. 8oz.; 43,161 weighed less than 1500 grams, or less than 3 lbs. 5 oz.[9]

9. National Center for Health Statistics. *Monthly Vital Statistics Report*, V. 34, No. 6, Supplement, September 20, 1985, Table 15.
Low birth weight (LBW) is < 2500 grams, or 5 lbs. 8 oz., or less. Very low birth weight is < 1500 grams, or < 3 lbs. 5 oz.

10. Ibid., Table 16. (Ranked by total white & non-white.)

● **babies born under 5 lbs. 8 oz., (2,500 grams) ranked by state, 1983**[10]

rank	state	*total (percent)*	*white (percent)*	*non-white/black (percent)*
1	Alaska	4.7	4.5	5.5
1	Arizona	4.7	4.5	5.5
1	North Dakota	4.7	4.6	5.9
4	Iowa	5.0	4.9	11.9
4	Oregon	5.0	4.8	9.7
6	Minnesota	5.1	4.9	12.3
6	New Hampshire	5.1	5.0	9.5
6	South Dakota	5.1	4.8	.0
9	Washington	5.2	5.0	9.3
10	Nebraska	5.4	5.0	11.3
10	Wisconsin	5.4	4.8	12.8
11	Idaho	5.6	5.5	14.1
11	Maine	5.6	5.6	4.1
11	Montana	5.6	5.5	11.3
11	Utah	5.6	5.5	10.3
16	Massachusetts	5.9	5.4	11.4
16	Vermont	5.9	5.9	13.0
18	Kansas	6.1	5.5	12.0
19	Indiana	6.3	5.6	12.2
20	Connecticut	6.4	5.6	12.6
20	Rhode Island	6.4	6.0	11.0
22	Missouri	6.7	5.5	13.1
22	Ohio	6.7	5.7	13.1
22	Oklahoma	6.7	5.7	13.1
22	Pennsylvania	6.7	5.6	13.8
22	West Virginia	6.7	6.5	11.1
26	Kentucky	6.9	6.4	12.3
26	Texas	6.9	6.0	12.6
29	Hawaii	7.0	5.8	10.9
29	Michigan	7.0	5.6	14.2
29	Nevada	7.0	6.5	10.3
32	Wyoming	7.1	7.0	11.0

rank	state	*total (percent)*	*white (percent)*	*non-white/black (percent)*
33	Delaware	7.2	5.3	12.7
33	Illinois	7.2	5.3	13.9
33	New York	7.2	5.9	12.0
33	New Jersey	7.2	5.7	12.8
33	Virginia	7.2	5.7	12.1
33	Washington D.C.	7.2	5.3	12.7
39	Florida	7.4	5.9	12.0
40	New Mexico	7.6	7.6	12.5
41	Maryland	7.7	5.5	12.7
42	Arkansas	7.8	6.1	13.1
42	California	7.8	6.1	13.1
42	North Carolina	7.8	5.9	12.4
45	Alabama	7.9	6.0	11.6
45	Colorado	7.9	7.6	13.3
47	Tennessee	8.0	6.5	13.3
48	Georgia	8.4	6.1	12.7
49	Louisiana	8.6	5.8	13.4
49	South Carolina	8.6	6.1	12.6
51	Mississippi	8.8	5.9	12.0

- **proportion of LBW infants**[11]

	1970	*1980*	*1982*	*1983*
all	7.9%	6.8%	6.8%	6.8%
black	13.9%	12.5%	12.4%	12.6%
white	6.8%	5.7%	5.6%	5.7%

11. National Center for Health Statistics. *Health: United States: 1982. and* National Center for Health Statistics, *Monthly Vital Statistics Report,* V. 31, No. 8, November, 1982; and V. 33, No. 6, Supplement, September 28, 1984, Table 15; and V. 34, No. 6, Supplement, September 20, 1985, Table 15.

- **proportion of low birth weight black to white infants**[12]

1982	*1983*
1.94:1	1.98:1

12. C. Arden Miller, Amy Fine, Sharon Adams, Lisbeth Schorr. *Monitoring Children's Health: Key Indicators.* University of North Carolina - Child Health Outcomes Project, American Public Health Association, Washington, D.C., 1986.

- **incidence of very low birth weight (less than 1500 g.)**[13]

	1982		*1983*	
	number	*percent*	*number*	*percent*
all	43,212	1.17%	43,161	1.17%
white	27,007	0.9%	26,872	0.9%
non-white	16,205	2.19%	16,289	2.54%

13. National Center for Health Statistics. *Monthly Vital Statistics Report,* V. 33, No. 6, Supplement, September 28 1984, Table 15; and V. 34, No. 6, Supplement, September 20, 1985, Table 15.

- **closely spaced babies** are more likely to be of low birth weight. In 1982, 20% of infants born less than one year after a sibling were LBW's[14]

14. National Center for Health Statistics. *Monthly Vital Statistics Report.* V. 33, No. 6, Supplement, September 28, 1985, p. 7.

- **LBW by age of mother, 1983**[15]

	< 15	15-19	20-24
all	14.5%	9.4%	7.0%
white	12.5%	7.7%	5.8%
non-white	16.0%	13.3%	11.6%

15. National Center for Health Statistics. *Monthly Vital Statistics Report.* V. 34, No. 6, Supplement, September 20, 1985. Table 15.

- **prenatal care and birth weight-% of births, 1980**[16]

	< 1500 g.	*1500-2500 g.*	*> 2500 g.*
all births	1%	6%	93%
care begun			
1st trimester	1%	5%	94%
2nd trimester	1%	7%	92%
3rd trimester	1%	8%	92%
no care	7%	15%	78%

16. *US Children and their Families: Current Conditions and Recent Trends*, Select Committee on Children, Youth & Families. May, 1983, p. 30. Data from the National Center for Health Statistics.

- **LBW is strongly associated** with infant morbidity, including congenital malformation and retardation[17]

- **for infants who do not die in the first year of life,** LBW is associated with developmental disabilities, cerebral palsy, and other handicaps[18]

- **more than 60% of all deaths** in the neonatal (first 28 days) period, and 20% of deaths between 28 days and one year, are of low birth weight babies[19]

- **LBW babies** have a 40 times greater risk of death in the neonatal period; very low birth weight babies are at a risk of death 200 times greater than babies born weighing more than 2500 grams[20]

- **very low birth weight babies** account for 25 to 30% of deaths between 28 days and one year[21]

- **LBW is the major determinant of neonatal mortality, even after controlling for other risk factors**[22]

- **very low birth weight infants** are at serious risk of disabilities. 42% will have some neurological handicap or congenital anomaly, with 14% severely affected, as compared with 19% and 2% of normal weight infants[23]

- **premature LBW infants** are 10 times more likely to be mentally retarded than normal infants[24]

17. Vince Hutchins, MD, Samuel S. Kessel, MD, and Paul J. Placek, PhD. "Trends in Maternal and Infant Health Factors Associated with Low Infant Birth Weight, United States, 1972 and 1980." *Public Health Reports. Official Journal of the US Public Health Services.* Vol. 99, No. 2. March-April 1984, p. 162.

18. President's Committee on Mental Retardation. *Mental Retardation: Prevention Strategies that Work.* US Department of Health and Human Services, 1980, p. 7.

19. *Preventing Low Birth Weight.* Committee to Study the Prevention of Low Birth Weight, Institute of Medicine, Washington, DC, 1985, p. 29.

20. Ibid., p. 27.

21. Marie McCormack, MD. "The Contribution of Low Birth Weight to Infant Mortality and Childhood Morbidity." *New England Journal of Medicine.* V. 312, No. 2, January 10, 1985, p. 84. Data from the Robert Wood Johnson Foundation.

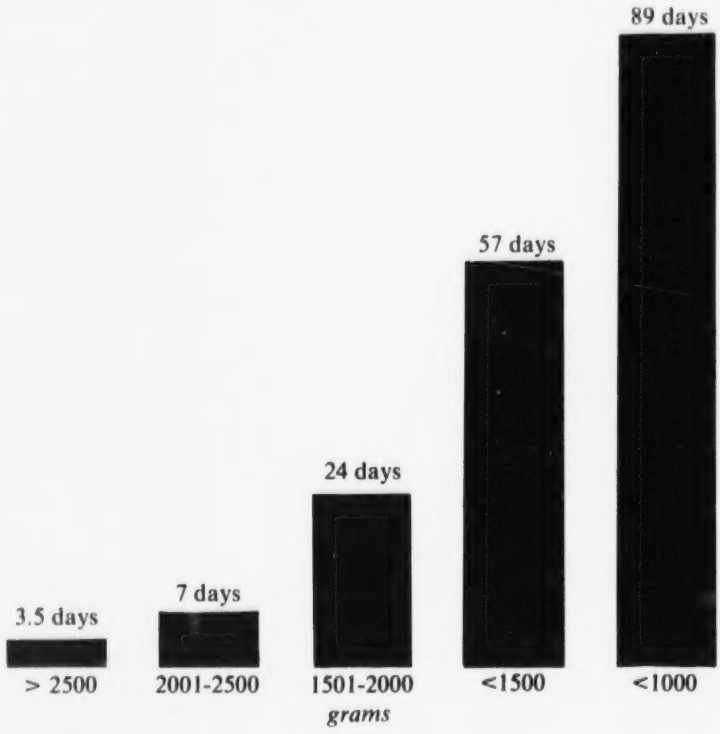
22. Ibid., Data from NCHS.

23. Ibid., p. 86.

24. US Department of Health and Human Services, President's Committee on Mental Retardation, Report to the President, *Mental Retardation: Prevention Strategies that Work*, 1980, p. 7. Conclusions are based on data from the Surgeon General's Report for 1979.

25. *Preventing Low Birth Weight*. Committee to Study the Prevention of Low Birth Weight, Institute of Medicine, Washington, DC, 1985, p. 34.

• mean/days in neonatal intensive care for surviving infants[25]



26. Ibid.

• rehospitalization of babies in their first year, by weight, 1980[26]

	weight	*% hospitalized*	*average length of stay*
very LBW	1500 g.	40%	16 days
LBW	2500 g.	19%	12.5 days
normal	2500 g.	8.7%	8.9 days

27. *The State of the World's Children 1985*. United Nations Children's Fund, p. 115. (Low infant mortality rate is defined as 25 per 1,000 live births or less.)

• Low birth weight ranking of the U.S. in comparison with other countries with low infant mortality rates (1979-1981)[27]

1	Sweden	3.6%
2	Finland	3.9%
3	Netherlands	4.0%
4	Norway	4.2%
5	New Zealand	4.9%
6	Austria	5.0%
7	Japan	5.1%
8	Australia	5.8%
9	Czechoslovakia	6.1%
10	Israel	6.3%
11	German Democratic Republic	6.3%
12	Canada	6.4%
13	Denmark	6.4%
14	France	6.5%
15	Federal Republic of Germany	6.7%
16	United Kingdom	7.0%
17	U.S.A.	7.4%

C. Infants with Adolescent Mothers

The birthrate to single white women age 15-19 is more than two thirds again what it was in 1970. Although the birthrate for black teenagers has dropped slightly, it remains more than 4 times that of white teenagers. Adolescent mothers are more likely than older mothers to have low birth weight babies, even given adequate prenatal care. They are more likely to give birth to disabled infants.

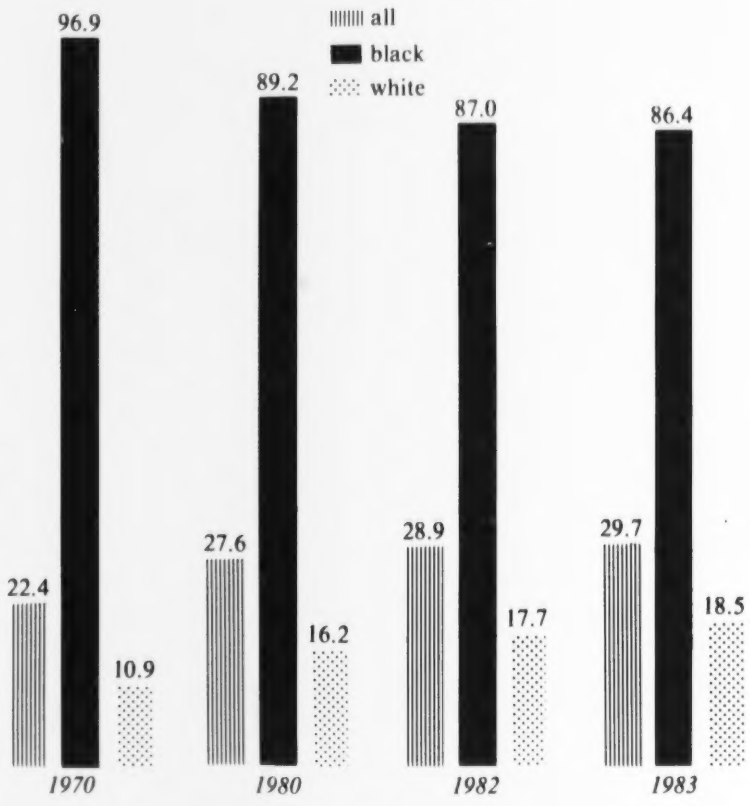
28. "Advance Report of Final Natality Statistics, 1982." *Monthly Vital Statistics Report*, V. 34, No. 6, Supplement, September 20, 1985. Table 17.

- **births to unmarried women under 20 years of age**[28]

1983
270,076

29. "Advance Report of Final Natality Statistics, 1982." *Monthly Vital Statistics Report*, V. 33, No. 6, Supplement, September 28, 1984. Table 18; and V. 34, No. 6, Supplement, September 20, 1985. Table 17.

- **birthrate per 1000 unmarried women age 15-19**[29]



30. "Advance Report of Final Natality Statistics, 1982." *Monthly Vital Statistics Report*, V. 33, No. 6, Supplement, September 28, 1984. Table 15; and V. 34, No. 6, Supplement, September 20, 1985. p. 6.

- **13.8% of babies born to mothers under the age of 15 in 1982** and 14.5% in 1983 were of low birth weight, a risk higher than that of any other age grouping[30]

31. Mary Grace Kovar and Denise J. Merry. *Better Health for Our Children.* The Report of the Select Panel for the Promotion of Child Health to the United States Congress and the Secretary of Health and Human Services. V III. US Department of Health and Human Services, p. 10. Data from NCHS.

- **low birth weight babies born to mothers with prenatal care from the first trimester, 1977**[31]

mother under 18	10.4%
mother 18-39	6.1%
mother 40 or older	8.4%

• **adolescents** have a high rate for spontaneous abortion, still births, premature births, mentally retarded infants, malformations, developmentally disabled infants[32]

32. U.S. Department of Health and Human Services. Report to the President. *Mental Retardation: Prevention Strategies that Work*. President's Commission on Mental Retardation, 1980, p. 31.

D. Infants Exposed in Utero to Tobacco, Alcohol and Drugs

Many infants born in the United States have suffered the effects of tobacco, alcohol and drugs in utero. Smoking during pregnancy is associated with low birth weight and heavy alcohol use with fetal alcohol syndrome.

• **the percentage of married mothers of live-born infants in 1980 who smoked during** their pregnancy was 25.5%[33]

33. Kate Prager, ScD, Henry Malin, Carol Graves, Danielle Spiegler, Louise Richards, and Paul Placek, "Maternal Smoking and Drinking Behavior Before and During Pregnancy," *Health: United States and Prevention Profile, 1983*, U.S. Department of Health and Human Services, Public Health Service. Data taken from 1980 National Natality Survey. p. 20.

• **of the 21.5% of all married mothers** of live-born infants in 1980 who had smoked 11 or more cigarettes per day before pregnancy, 61.4% continued to smoke at that level[34]

34. Ibid., p. 23.

• **smoking during pregnancy has a demonstrable effect on birth weight. A recent study found that after controlling for other variables: with no smoking at all by pregnant women, LBW would decrease 19%. On the average, the effect is greater (35%) for those with less than 12 years of educational attainment. On the average, with each additional five cigarettes smoked a day, the odds of a baby being born at low birth weight increase 26%**[35]

35. Joel C. Kleinman and Jennifer H. Madans. "The Effects of Maternal Smoking, Physical Stature, and Educational Attainment on the Incidence of Low Birth Weight." *American Journal of Epidemiology*, V. 121, No. 6, June 1985, p. 843.
The sample used was of married, white, non-Hispanic women, aged 20 to 34, having their first, second, or third child. Data from the 1980 National Natality Survey.

• **heavy drinking is known to cause fetal alcohol syndrome,** a cluster of congenital defects including nervous system dysfunction[36]

36. Kenneth Warren. "Alcohol-Related Birth Defects: Current Trends in Research." *Alcohol Health and Research World*, V. 10, No. 1, Fall 1985. National Institute on Alcohol Abuse & Alcoholism, Washington, D.C.

• **the percentage of married mothers of live-born infants in 1980 who drank alcohol** during pregnancy was 39.2%[37]

37. Ibid.

• **of the 15.5% of all married mothers** of live-born infants in 1980 who regularly had 3 drinks or more per week before pregnancy, 18% continued to drink at that level of consumption[38]

38. *NICHD News Notes*. US Department of Health and Human Services. National Institutes of Health. October 12, 1984.

• There are no nationwide statistics on the prevalence of fetal alcohol syndrome. Prevalence rates based on smaller studies of discreet populations show between 1 and 3 cases per 1,000 live births. The prevalence rate among some American Indian groups is as high as 10 cases per thousand. For every child with identified FAS, there are several others who have been affected during pregnancy but lack the full set of characteristics.[39]

39. Kenneth Warren. "Alcohol-Related Birth Defects: Current Trends in Research." *Alcohol Health and Research World*, V. 10, No. 1, Fall 1985. National Institute on Alcohol Abuse & Alcoholism, Washington, D.C.

• **smoking and drinking statistics have been found to be much higher among mothers of lower socioeconomic status,** including those who are unmarried, and when self report is confirmed with laboratory analysis. A 1983 study of 75 pregnant women at Boston City Hospital found the

percentage of those who reported substance use anytime during pregnancy as follows:

Marijuana	31%
Cigarettes	60%
Psychoactive drugs	11%
Alcohol	64%[40]

40. Barry Zuckerman. "Development Consequences on Maternal Drug Use During Pregnancy." *Current Research on the Consequences of Maternal Drug Abuse.* National Institute on Drug Abuse Research Monograph 59, 1985, p. 99.

41. *NICHD News Notes.* US Department of Health and Human Services. National Institute of Health. October 12, 1984.

42. National Institute on Drug Abuse. *Services Research Branch Notes.* Rockville, Md. 1979, pp. 2-3.

- **the percentage of infants under 2500 grams** consistently increases with alcohol consumption, even after adjusting for other risk factors[41]
- There are no nationwide statistics on the number of babies born to addicted mothers.
- An exploratory study on the number of infants born annually to opiate-abusing mothers (i.e. mothers who use heroin or methadone) was conducted by the National Institute of Drug Abuse, for the year 1977.[42] Data on the number of known births in seven major cities indicated:

city	*number of opiate births*	*birth rate (% of opiate users)*
Chicago	170	
Detroit	200	
Miami	34	
New York	1,300	
Philadelphia	200	
San Francisco	42	
Washington, D.C.	34	
All Cities	1,980	1.04

Generalizing to the total population, the study estimated that 4,742 babies were born in 1977 to women (ages 18-34) who abused heroin or methadone (4.1% of females 18-34 years).
More recent figures, including statistics on infants born to women using other drugs, were unobtainable.

E. Infants and Toddlers Who Fail to Thrive

Some infants seem unable to take hold and grow. A number of these "fail to thrive" because of their environmental circumstances.

- **failure-to-thrive syndrome** affects up to 3% of the pediatric population, and accounts for 5% of hospital admissions involving growth failure[43] [44]

- **failure-to-thrive** accounts for 1% of pediatric hospitalizations; 80% of those admitted are less than 18 months old[45]

- **a 1981 study** found that 28% of failure-to-thrive cases had organic causes; 46% were non-organic, and 26% mixed or unknown[46]

- **another study** gave the causes as 15-25% organic; 50% inorganic; the remainder unknown[47]

43. Lewis P. Lipsitt. "Critical Conditions in Infancy: A Psychological Perspective." *American Psychologist,* V. 34, No. 10, October, 1979, p. 977.

44. Failure-to-thrive is defined as being consistently below the third percentile on growth charts for infants. Non-organic failure-to-thrive is a condition appearing to have psychosocial as well as physical causes.

45. M. Levine, A. Crocker, and R. Gross, eds. *Developmental Behavioral Pediatrics.* Saunders, Philadelphia, Pa., 1983, pp. 558-572.

46. Ibid.

47. Patrick H. Casey, MD. "Failure to Thrive: A Reconceptualization." *Developmental and Behavioral Pediatrics.* V. 4., No. 1, March, 1983.

F. Infants and Toddlers with Mental Health, Behavioral or Psychosocial Disorders

Federal and state government agencies collect no data on the mental health or emotional well-being of children under the age of six. What smaller scale epidemiological studies exist document the presence of mental health and emotional disorders among a significant percentage of young children, even in the first year of life.

• **a 1979 study** in a New York county on the incidence of mental health problems in children seen by pediatricians found:[48] [49]

• children under the age of four represent 16% of the patients diagnosed with problems

• incidence of mental health problems by age

< 1	1-2	2-3	3-4	4-5
.70%	2.04%	3.28%	4.94%	5.43%

• incidence of diagnosed mental health problems by sex, all ages[50]

boys	*girls*
6.2%	3.9%

• incidence of mental health problems by physical health, all ages

well-child	*chronically ill*
4.5%	13.1%

• children with a parent absent from home are twice as likely to be identified as having a problem as those living with both natural parents.[51]

• more than 50% of those identified as having a mental health problem were "at least moderately impaired" by that condition

48. I. Goldberg, K. Roghmann, T. McInerny, and J. Burke, "Mental Health Problems Among Children Seen in Pediatric Practice: Prevalence and Management," *Pediatrics*. March, 1984, Vol. 73, No. 3. The study included 18,351 children.

49. It is possible that the Goldberg *et al.* statistics underestimate the scope of the problem. A study abroad showed that health care workers only reported 10 to 22% of mental health problems diagnosed by a psychiatrist. R. Giel, M.V. de Arango, C.E. Clement *et al.*, "Childhood mental disorders in primary health care: Results of observations in four developing countries," *Pediatrics*, 1981, 68:677, cited in Goldberg *et al.*

50. It should be noted that, as boys with mental health problems are more likely to act out than are girls, they are more likely to be identified as having problems.

51. An absent parent is defined both as one parent being absent and as cases in which the father or mother is a step, adoptive, or foster parent.

• **in a study done of pre-school children on Martha's Vineyard**[52]

• prevalence of disorders which can be diagnosed by a psychiatrist and needing some form of professional attention in 3-year-olds found to be 14-20%. 70% of these could be labeled using DSM-III[53]

• most common DSM-III diagnoses: separation anxiety disorder and oppositional disorder. Also identified were attention deficit disorder, pica, avoidant disorder

• certain stressful family situations were positively correlated with problems—maternal depression, marital disharmony, poor parent-child interaction

52. Felton J. Earls. "An Epidemiological Approach to the Study of Behavior Problems in Very Young Children." *Childhood Psychopathology and Development*. S.B. Guze, F.J. Earls, and J.E. Barrett, eds. Raven Press, New York, 1983, pp. 3-6.

53. Diagnosis at age three was not found to be a good predictor of trouble upon entering school.

• **a study of the presence of behavioral/emotional/social problems** identified and treated by practitioners revealed wide variation in the percent of problems identified and treated:

Percent of children seen in one year (1977) who have a diagnosis of a behavioral/educational/social problem, by age and sex in five pediatric practices[54]

site	#1		#2		#3		#4		#5	
sex	M	F	M	F	M	F	M	F	M	F
under 1 yr.	7.8	5.1	15.7	16.4	15.3	15.7	1.6	4.3	8.0	4.1
1-5 yrs	6.7	6.4	14.7	16.2	10.6	10.4	5.3	4.8	6.6	9.4

54. Barbara Starfield, "Behavioral Pediatrics and Primary Health Care," *Pediatric Clinics of North America*, V. 29, No. 2, April 1982, p. 381.

G. Victims of Child Abuse and Neglect[55]

55. Estimates of incidence of child abuse and neglect vary, depending on reporting methods and definitions; none can be considered definitive. Child maltreatment includes abuse, neglect and deprivation of necessities.

The incidence of reported child abuse and neglect is fast increasing. Children subjected to maltreatment in their earliest years are most vulnerable: Children three and under are more likely to suffer major physical abuse and are more likely to die from abuse or neglect than are older children.

56. *Highlights of Official Child Maltreatment Reporting, 1984.* American Association for Protecting Children. Denver, 1986.

- **estimated number of children involved in child maltreatment**[56]

1976	*1983*	*1984*
669,000	1,477,000	1,727,000

57. *Highlights of Official Child Maltreatment Reporting, 1982.* American Association for Protecting Children. Denver, 1985.
This increase may partially reflect more complete reporting, rather than solely an increase in actual abuse.

This represents an increase of 158% since 1976.[57]

58. Donna Stone and Anne Cohn. "Stop Talking About Child Abuse" in *Perspectives on Child Maltreatment in the Mid-80s.* US Department of Health and Human Services, Washington.

- **in 1983, 45 of the 50 states** reported an increase of reported cases of child abuse; 38 reported that cases as a whole were more severe[58]

59. Richard Gelles. "A Profile of Violence Towards Children in the United States." In *Child Abuse: An Agenda for Action,* George Gerbner, Catharine Ross and Edward Zigler, eds. Oxford University Press, New York, 1980, pp. 82-105; and Richard Gelles and Murray Strauss. "Violence in the American Family." *Journal of Social Issues,* V. 35, No. 2, pp. 15-39.

- **a 1978 questionnaire** focusing on any purposeful manifestation of physical violence toward a child, including spanking, found 3-5 year-olds to be the most frequent targets[59]

60. *Highlights of Official Child Maltreatment Reporting,* 1981. American Humane Association, Denver, 1981, p. 16.

- **abused children by age, 1981**[60]

	% of abused population	*% of general population*
< 1	7%	6%
1	8%	6%
2	8%	5%
3	7%	5%
0-3	30%	22%

61. *Executive Summary: National Study of the Incidence and Severity of Child Abuse and Neglect.* National Center on Child Abuse and Neglect, US Department of Health and Human Services, Washington, p. 6.

- **percentage distribution of age by severity of injury, 1980**[61]

			injury type			
age	*% total pop.*	*% studied*	*fatal*	*serious*	*moderate*	*probable*
0-2	13%	8%	49%	16%	5%	10%
3-5	15%	9%	25%	7%	9%	13%
6+	72%	83%	26%	77%	86%	77%

62. These states are Arizona, Arkansas, Colorado, Florida, Guam, Hawaii, Illinois, Kentucky, Louisiana, Missouri, Nevada, New Hampshire, New York, North Carolina, North Dakota, Rhode Island, Texas, Vermont, Virgin Islands, Virginia.

63. *Highlights of Official Child Maltreatment Reporting, 1982.* American Humane Association, Denver, 1982.

- **frequency of reported cases in 1982, in 21 states**[62] **by age and type of abuse**[63]

	< 1	*1*	*2*	*3*	*0-3*
major physical	1158	1001	808	492	3459
minor physical	2011	3646	4304	3902	13863
sexual abuse	106	298	644	965	2013
deprivation of necessities	14878	15916	15651	13675	60120
emotional abuse	810	1069	1215	1236	4330
other	1937	1171	1242	1039	5389
multiple abuse	2355	2698	2926	2607	10586
total	23255	25799	26790	23915	99759

64. Ibid.

- **age groups of abused children, by type of abuse, for 21 states 1982**[64]

	< 1	*1*	*2*	*3*	*0-3*
major physical	5%	4%	3%	2%	4%
minor physical	9	14	16	16	14
sexual abuse	.5	1	2	4	2
deprivation of necessities	64	62	58	57	60
emotional abuse	3	4	5	5	4
other	8	5	5	4	5
multiple abuse	10	11	11	11	11
total	100%	100%	100%	100%	100%

65. Ibid.

- **categories of abuse by age of victims, for 21 states, 1982**[65]

	< 1	*1*	*2*	*3*	*0-3*
major physical	20.18%	17.44	14.08	8.57	60.27%
minor physical	3.61%	6.55	7.74	7.01	24.91%
sexual abuse	.57%	1.57	3.41	5.11	10.66%
deprivation of necessities	8.46%	9.05	8.90	7.77	34.18%
emotional abuse	4.11%	5.43	6.17	6.27	21.98%
other	12.98%	7.85	8.32	6.96	36.11%
multiple abuse	6.42%	7.35	7.97	7.10	28.84%
all types	7.11%	7.86	8.19	7.31	30.47%

66. Ibid., 1981.

- **mean age for reported cases of child abuse, 1981**[66]

abuse	7.2
fatality	3.3

67. Rowine Hayes Brown. "The Physician's Responsibility Toward Victims of Child Abuse." *Hospital Medical Staff*, V. 6, No. 3, March 1977, pp. 13-18.
Cook County Hospital is a public hospital in Chicago.

- **at Cook County Hospital in Chicago, over a 10 year period:**[67]
there were 48 total deaths from abuse
59% of the deaths were of < 1's
90% of the deaths were of < 4's

68. *Everything You Always Wanted to Know About Child Abuse and Neglect*. Clearinghouse on Child Abuse and Neglect Information, Washington, D.C.

- **0-5's nationally made up 28% of the population, but accounted for 74% of maltreatment fatalities in 1979**[68]

69. B. Egeland, L.A. Sroufe, and M. Erickson. "The Developmental Consequences of Different Patterns of Maltreatment." *Child Abuse & Neglect*, 7,4, 1983.

- **of 267 relatively high risk families** selected before the birth of their child, 32, or 12%, of the children had been abused or neglected by age two[69]

70. Mark D. Souther. "Developmentally Disabled, Abused, and Neglected Children: A High Risk/ High Need Population." in *Perspectives on Child Maltreatment in the Mid 80's*. US Department of Health and Human Services, Washington, p. 34.

- **a study in West Virginia found** that 37% of abused children had a handicapping condition[70]

H. Accident Victims

Motor vehicle injury is the most common cause of death by accident of children between birth and four years of age. Children in this age group are also involved in many kinds of non-motor vehicle accidents. The younger they are, the more likely they are to die from injuries sustained.

71. *Accident Facts: 1983 Edition.* National Safety Council, 1983, pp. 6-7.
The numbers available for 1979 include only the most common causes of accidental death for this age group.

- **deaths by accident of children 0-4**[71]

type of accident	*1979* (1-4)	*1979* (< 1)	*1982* (0-4)
motor vehicle	1239	222	1200
falls	104	--	170
drownings	690	77	600
fires and burns	693	134	700
suffocation from ingested object	155	256	200
poisoning	N/A	N/A	90
firearms	N/A	N/A	50
gasses and vapors	N/A	N/A	40
all others	N/A	N/A	950

72. *Child Passenger Protection Against Death, Disability, and Disfigurement in Motor Vehicle Accidents.* National Transportation Safety Board, 1983.

- **20-25% of children killed or injured in cars** were *not* in an accident, but were injured by a sudden turn or stop[72]

73. National Center for Health Statistics. 1984a. "Advance Report of Final Mortality Statistics, 1982." Monthly Vital Statistics Report 33 (20 Dec). Supplement. National Center for Health Statistics. 1984b. Data from Work Table I: Deaths from Each Cause by 5-Year Age groups, Race and Sex: United States, 1982. (Additional Calculations by University of North Carolina - Child Health Outcomes Project. *Monitoring Children's Health: Key Indicators.* American Public Health Association, Washington, D.C., 1986, p. 72.)

- **Non-motor vehicle fatality rates per 100,000 population by age, sex and race: United States, 1982.**[73]

age	*all races both sexes*	*all races males*	*all races females*	*white both sexes*	*black both sexes*
under 1	22.4	26.3	18.2	18.5	42.5
1-4	14.5	17.7	11.2	13.2	22.1
5-9	6.7	8.7	4.5	5.8	11.3
10-14	6.3	9.4	3.1	5.9	9.1
15-19	12.2	20.6	3.6	12.3	11.3

74. National Center for Health Statistics. 1984b. Data from Work Table I: Deaths from Each Cause by 5-Year Age groups, Race and Sex: United States, 1982. (Additional Calculations by University of North Carolina - Child Health Outcomes Project. *Monitoring Children's Health: Key Indicators.* American Public Health Association, Washington, D.C., 1986, p. 72.)

- **Accident fatality rates per 100,000 population by cause, age and race: United States, 1982**[74]

	drowning		
age	*all races*	*white*	*black*
under 1	2.5	2.4	3.2
1-4	4.7	5.1	2.8
5-9	2.0	1.7	3.4
10-14	1.9	1.4	4.6
15-19	3.7	3.4	5.6
under 19	3.0	2.8	4.2

	fires and burns		
age	*all races*	*white*	*black*
under 1	3.9	2.5	11.3
1-4	4.6	3.2	12.5
5-9	2.0	1.5	5.0
10-14	0.9	0.7	1.9
15-19	0.8	0.8	0.9
Under 19	2.0	1.5	4.9

age	all races	falls white	black
under 1	1.5	1.0	3.9
1-4	0.6	0.5	1.1
5-9	0.3	0.3	0.3
10-14	0.3	0.3	0.2
15-19	0.9	1.0	0.3
under 19	0.6	0.6	0.6

• Children under age one have more deaths from accidents than any other single year of childhood. About half of all accidental deaths in the first year of life are among babies less than five months of age; more than two-thirds are among infants younger than seven months.[75]

75. Metropolitan Life Insurance Company. "The Risky First Year of Life." *Statistical Bulletin* (Jan-Mar): 2-8, 1985.

I. Mortality

The infant mortality rate is higher than that of eleven other countries. It is 14% higher than Canada's infant mortality rate. The U.S. death rate for children between one and four years of age is 8% higher than Canada's, though the figures are reversed for older children. The U.S. infant mortality rate is well documented in national health statistics, and broken down by state. For blacks and other non-whites the infant mortality rate is more than double that for white babies, and the racial disparity is increasing. The rate varies widely from state to state.

• death rate per 1,000, 1982 & 1983[76]

	1982		1983	
	under 1 yr	1-4 yrs	under 1 yr	1-4 yrs
all	11.6	.58	11.1	.56
white	10.2	.53	9.5	.51
non-white	17.45	.78	18.0	.785
black	19.6	.85	20.3	.85

76. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 33, No. 9, Supplement, December 20, 1984, Table 2. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 34, No. 6, Supplement (2), September 26, 1985, Table 2.

• neonatal and infant death rates per 1,000[77]

	infant			neonatal		
	all	white	black	all	white	black
1960	26.0			18.7		
1970	20.0			15.1		
1980	12.6			8.5		
1982	11.5	10.1	19.6	7.7	6.8	13.1
1983	11.2	9.7	19.2	7.3	6.4	12.4

77. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 34, No. 6, Supplement (2), September 26, 1985, Table 13. Infant mortality = deaths to infants under 28 days.

• neonatal and infant mortality rates by ratio of black to white rates[78]

	neonatal
	black/white ratio
1982	1.93 : 1
1983	1.94 : 1
	infant
1982	1.94 : 1
1983	1.98 : 1

78. Jeffrey Shotland, Project Director, Ellen Haas, Executive Director, "Preliminary Report on the Nutritional Status of the Rural Poor: An Examination of Infant Mortality and Low Birth Weight Data." *Public Voice for Food and Health Policy*, September 1985.

• comparison of infant mortality rates between rural poor and other counties in the U.S. per 1,000 live births - 1983[79]

rural poor counties 16.29
other U.S. counties 10.89

79. Ibid.

Poor = a county in which 1/3 of residents were below the poverty level in 1979.

80. Dana Hughes, Kay Johnson, Janet Simons and Sara Rosenbaum, *Maternal and Child Health Data Book:* The Health of America's Children. The Children's Defense Fund, Washington, D.C. 1986. Data collected by CDF from the National Center for Health Statistics. (Ranked by total white and non-white)

• infant mortality rate per 1,000 births, ranked by state, 1983[80]

rank	*state*	*total*	*white*	*non-white*
1	New Hampshire	8.6	8.6	--
2	Vermont	8.7	8.5	--
3	Maine	8.7	8.7	--
4	Utah	8.8	8.9	--
5	North Dakota	8.9	8.5	--
5	Iowa	8.9	8.6	--
7	Montana	9.0	8.6	--
8	Massachusetts	9.1	8.5	14.1
9	Hawaii	9.4	10.3	9.1
10	Arizona	9.5	8.9	12.3
10	Washington	9.5	9.2	11.6
12	Oregon	9.6	9.6	--
12	Wisconsin	9.6	9.0	15.4
14	California	9.7	9.4	11.0
15	Wyoming	9.8	9.9	--
15	Minnesota	9.8	9.6	13.2
17	Nebraska	9.9	9.5	--
18	Delaware	10.0	7.3	17.6
18	New Mexico	10.0	9.8	11.2
18	Colorado	10.0	10.0	10.7
21	Connecticut	10.1	8.9	17.6
22	Kansas	10.3	10.0	13.0
23	Nevada	10.7	10.4	12.0
23	Arkansas	10.7	9.1	15.3
23	Missouri	10.7	9.2	18.2
26	South Dakota	10.8	8.3	23.8
26	Idaho	10.8	10.7	--
28	West Virginia	10.9	10.7	--
28	Oklahoma	10.9	10.7	11.3
30	Texas	11.1	10.4	14.7
31	Ohio	11.2	9.8	18.7
32	Pennsylvania	11.3	9.8	20.0
33	Indiana	11.4	10.7	17.0
34	New Jersey	11.5	9.5	18.3
35	Kentucky	11.6	11.0	16.5
36	New York	11.6	9.9	16.7
37	Rhode Island	11.7	11.0	--
38	Maryland	11.8	8.9	17.5
38	Michigan	11.8	9.6	21.7
40	Virginia	11.9	9.6	18.3
41	Florida	12.2	9.9	18.5
42	Alaska	12.4	10.7	16.5
42	Illinois	12.4	9.7	21.4
44	Tennessee	12.8	10.7	19.8
45	Alabama	13.1	10.3	18.3
46	North Carolina	13.2	10.5	19.0
47	Georgia	13.4	9.9	19.5
48	Louisiana	13.5	9.8	19.3
49	South Carolina	15.0	11.3	20.5
50	Mississippi	15.1	10.7	19.8
51	District of Columbia	19.3	not ranked	21.0
	United States		11.2	

81. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 34, No. 6 Supplement (2) September 26, 1985, Table 4.

- **leading causes of mortality of children < 1, 1983**[81]

	number	*rate/100,000*
congenital anomalies	8,732	240.0
Sudden Infant Death Syndrome	5,305	145.8
Respiratory Distress Syndrome	3,682	101.2
other disorders of prematurity/LBW	3,332	91.6

82. Ibid., Table 5.

- **leading causes of death, ages 1-4, 1983, per 100,000**[82]

all	55.9
accidents and adverse effects	21.8
motor vehicle	7.5
all other	14.3
congenital anomalies	6.5
malignant neoplasms	4.7
homicide and legal intervention	2.3
diseases of the heart	2.5

83. S.J. Ventura. "Trends and Differentials in Births to Unmarried Women: US, 1970-76." *Vital and Health Statistics*. Series 21, No. 36, Department of Health and Human Services, May, 1980.

- **the ratio of fetal deaths to live births** was 56% higher for unmarried than for married women, in 1975[83]

84. *The State of the World's Children 1985*. United Nations Children's Fund, p. 921.

- **infant mortality rate per 1,000 births - 1982**[84]

Sweden	7
Japan	7
Finland	7
Switzerland	8
Norway	8
Netherlands	8
Denmark	8
France	9
Canada	9
Spain	10
Australia	10
U.S.A.	11

85. Lola Jean Kozak and Eileen McCarthy. "Hospital Use by Children in the U.S. and Canada." Vital Health Statistics, Series 5, No. 1. National Center for Health Statistics, August 1984, p. 18, Table N.

- **death rate of U.S. children compared to Canadian children - 1978**[85]

	per 100,000 population	
	U.S.	*Canada*
age under 1	1,381	1,215
age 1-4	68	63
age 5-9	33	36

III. The Conditions of Their Lives

A. Working Parents and Child Care

In 1986, 4.8 million mothers of children under age three were in the labor force. This is 50.8% of all mothers of children under age 3. Their numbers have doubled since 1960, and approximately 25% of non-working mothers of infants and toddlers report that they would look for work if affordable child care were available. Yet the United States is behind 91 other countries in assuring women the right to leave work at time of childbirth.

Children two years of age and under are more likely to be in family day care, frequently under supervision of a relative, than in day care centers.

• Seventy-five countries, including many developing countries and every industrialized country *except* the United States, provide some variation of a statutory maternity leave or parental benefit. Sixteen countries that do not have national health insurance or a national sickness benefit insurance do provide statutory maternity leaves.[1]

• 4.8 million mothers with children under age 3 were in the labor force in March 1986. This is 49.5% of all mothers of children under age 3.[2]

• mothers with children under 6, in thousands, March, 1984[3]

			working	
	total		*work f.t.*	*work p.t.*
total				
under 3	9,248	3,843	65.2%	34.8%
3-5	6,153	3,209	67.2%	32.8%
single				
under 3	1,018	267	65.5%	34.1%
3-5	525	185	70.8%	29.2%
married				
under 3	7,425	3,250	63.8%	36.2%
3-5	4,582	2,422	64.7%	35.3%
separated				
under 3	441	158	73.4%	26.6%
3-5	388	179	72.7%	27.3%
widowed				
under 3	30	11	--	--
3-5	60	33		
divorced				
under 3	334	157	85.4%	14.6%
3-5	607	391	87.0%	13.0%

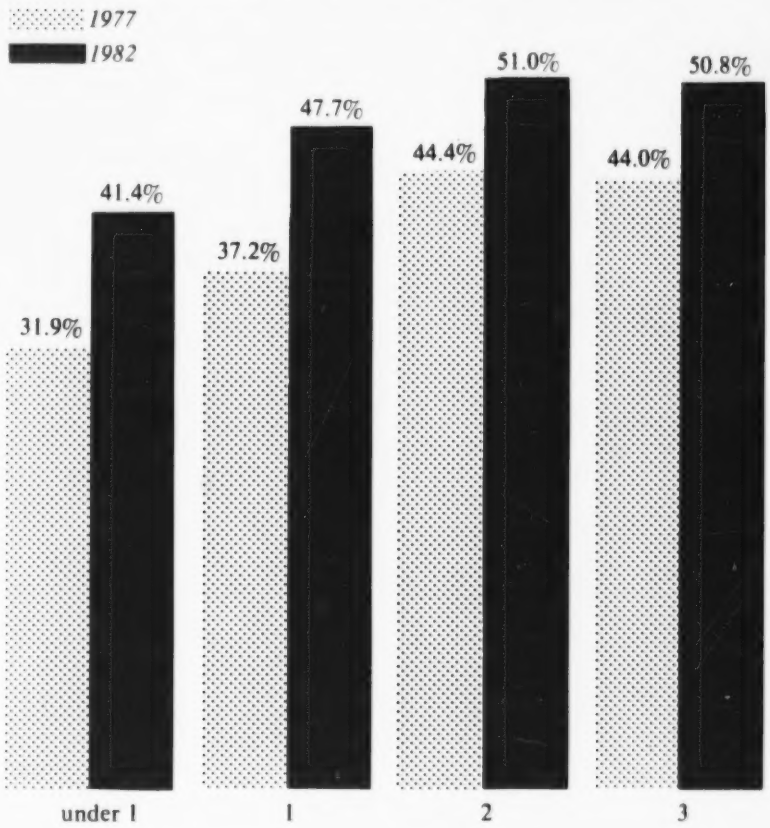
1. Sheila B. Kammerman, Alfred J. Kahn and Paul Kingston. *Maternity Policies and Working Women*. Columbia University Press. New York, 1983.

2. News release, U.S. Department of Labor, Bureau of Labor Statistics, USDL 86-345, Table 3.

3. Howard Hayghe. "Working Mothers Reach Record Numbers in 1984." *Monthly Labor Review*, Bureau of Labor Statistics, Department of Labor, December, 1984. pp. 31-34.

4. Martin O'Connell and Carolyn C. Rogers. "Child Care Arrangements of Working Mothers: June 1982." *Current Population Reports*. Series P-23, No. 129. Bureau of the Census, November, 1983, p. 3.

• mothers 18-44 in the labor force by age of youngest child[4]



5. *Employed Children and their Parents: A Data Book*. Children's Defense Fund, Washington, 1982, pp. 40-41. Data from US Department of Labor.

• labor force participation of ever-married women with children, in thousands[5]

		1960	*1970*	*1980*
children 3-5	number	1,326	2,281	2,772
	rate	27.4%	39.2%	54.5%
children < 3	number	1,572	2,274	3,224
	rate	16.5%	27.3%	41.7%

6. Howard Hayghe. "Working Mothers Reach Record Numbers in 1984." *Monthly Labor Review*, Bureau of Labor Statistics, Department of Labor, December, 1984, pp. 31-34.

• labor force participation of mothers with children under 3, by race, March, 1984[6]

white	47.0%
black	52.1%
Hispanic	36.0%

7. Ibid., p. 31.

• labor force participation of mothers with youngest child 1 and under[7]

1970	*1984*
24.0%	46.8%

8. *Overview of Day Care*. Testimony of Edward Zigler before the House Select Committee on Children, Youth and Families, April 4, 1984.

• over 75% of mothers with very young children are expected to be in the labor force by 2000[8]

- **children under 6 with working parents, by income in thousands, 1980**[9]

	< $7000	*7-15000*	*15-25000*	*< 25000*	*all*
2 parents, mother works	232	1236	2608	2129	6206
female headed	596	529	143	13	1281
male headed	48	67	42	21	179

9. *Employed Parents and their Children: A Data Book*. Children's Defense Fund, 1982, p. 61. Data from the US Department of Labor.

- **% of children under 6 with mothers in the labor force, 1980**[10]

income	*all races*	*white*	*black*
< $7000	30.3%	28.5%	34.3%
7-15000	40.5%	38.0%	55.4%
15-25000	45.3%	43.8%	60.8%
> 25000	49.3%	46.6%	85.8%
all	43.0%	41.7%	51.4%

10. Ibid., p. 64.

- **child care for infants** is the fastest growing sector of child care[11]

11. Overview of Day Care. Testimony of Edward Zigler before the House Select Committee on Children, Youth and Families, April 4, 1984, p. 2.

- **enrollment in day care centers by age, 1977**[12]

under 2	39,849
2	81,974
3	204,117
4	257,620

12. Craig Coelen, Frederic Glantz, and Daniel Calore. *Day Care Centers in the U.S.: A National Profile, 1976-1977*. Final Report of the National Day Care Study, Vol. III. Abt Associates, Cambridge, MA, 1979, Table 49.

- **day care centers, 1977**[13]

	profit	*non-profit*	*total*
number of centers	7,451	10,856	18,307
enrollment	329,886	567,847	847,733

13. Ibid., Table 33.

- **child care arrangements by age of youngest child in family, 1982**[14]

	under 1	*1-2*	*3-4*
care in own home			
by father	13.9%	15.8%	11.0%
by grandparent	8.9%	6.3%	3.6%
by other relative	5.1%	5.0%	5.7%
by non-relative	6.4%	6.2%	4.3%
care in other home			
by grandparent	13.5%	10.5%	11.0%
by other relative	6.2%	7.3%	7.1%
by non-relative	23.0%	25.2%	17.3%
group care			
nursery school	1.7%	3.2%	11.7%
day care center	3.6%	8.5%	9.9%
mother cares for child while working	9.2%	8.6%	9.9%
other (includes child takes care of self)	–	0.2%	0.4%
don't know no answer	8.6%	3.3%	3.9%
total	100.0%	100.0%	100.0%

14. Martin O'Connell and Carolyn C. Rogers. "Child Care Arrangements of Working Mothers: June 1982." *Current Population Reports*, Series P-23, No. 129. Bureau of the Census, November, 1983, p. 4.

15. Ibid.

• child care arrangements for youngest child under 5, by hours mother works, in thousands[15]

	1982		*1977*	
	full	*part*	*full*	*part*
# of mothers	3263	1824	2645	1342
care in own home	25.7%	39.3%	27.6%	40.3%
care in other home	43.8%	34.0%	46.1%	29.4%
group care center	18.8%	7.5%	14.3%	8.9%
mother cares for while working	6.2%	14.4%	7.3%	17.3%
other/don't know	5.6%	4.8%	4.6%	4.0%

16. Richard R. Ruopp and Jeffrey Travers. "Janus Faces Day Care: Perspectives on Quality and Cost," in *Day Care: Scientific and Social Policy Issues*, Edward Zigler and Edmund Gordon, eds. Auburn House, Boston, 1982, p. 75.

• day care population by age, 1975[16]

	family day care	*center*	*in-home*
0-2	31%	17%	21%
3-5	33%	66%	23%
6+	36%	17%	56%
total	100%	100%	100%

17. *Families and Child Care: Improving the Options.* A Report by the Select Committee on Children, Youth and Families, September, 1984.

• type of care for children < 1[17]

out-of-home care with a non-relative	30%
in care of relative	48%
another home	20%
their home	28%

18. Martin O'Connell and Carolyn C. Rogers. "Child Care Arrangements of Working Mothers: June 1982." *Current Population Reports.* Series P-23, No. 129. Bureau of the Census, November, 1983, p. 28.

• mothers using multiple child care arrangements, by age of youngest child, 1982[18]

age of child	*number*	%
< 1	155,000	13.9
1-2	384,000	16.8
3-4	317,000	19.3

19. Ibid., p. 12.

• percentage of mothers using group care, by age of youngest child, 1982[19]

< 1	5.3%
1-2	11.7%
3-4	25.8%

20. Office of Human Development Services. *Family Day Care in the United States: Summary of Findings.* A Final Report of the National Day Care Home Study. September, 1981, p. 44.

• median years of education of family day care providers[20]

	sponsored	*regulated*	*unregulated*	*all*
white	12.6	12.0	12.2	12.2
black	11.6	11.5	11.3	11.4
Hispanic	9.4	10.2	9.3	9.6

21. Development Services. *Family Day Care in the United States: Summary of Findings.* A Final Report of the National Day Care Home Study. September, 1981, p. 45.

• 19% of family day care providers have an eighth grade education or less[21]

22. Families and Child Care: Improving the Options. A Report by the Select Committee on Children, Youth and Families, Washington, D.C. September, 1984, p. 57. Data from Work and Family Information Center, New York.

• approximately 1500 employers provide some kind of child care assistance for their employees[22]

23. Ibid., pp. 7 and 17. Data from the testimony of day care providers.

• the cost of infant day care can be $125 a week; for preschoolers the cost ranges from $45 to $75 a week[23]

- **cost of the highest quality day care** is over $5200 a year[24]

- **even low cost day care** can require as much as 10% of a family's income[25]

- **non-working mothers who would look for work if affordable child care were available**[26]

child < 1	26.3%
child 1-2	27.1%
child 3-4	23.7%
income < $15,000	36.4%
income $15,000-24,999	21.6%
income > $25,000	13.1%

45% of single mothers said that they could not look for work because of the lack of child care

- **1980 HEW proposed regulations, which were never implemented**[27]
for 0-2, 1 : 3 ratio, group size of 6 or fewer
for 2, group size of 12 or fewer

- **state regulations** varied immensely on regulations for ratio and group size; few were as strict as the 1980 HHS regulations[28]

- **31 states** in 1981 had no requirements for caretakers beyond a high-school diploma[29]

- **94% of family day care** is informal or unregulated[30]

- **state regulation of family day care, 1984**[31]
  - 5 have no regulations for homes not publicly funded
  - 15 license homes with at least 1 child
  - 9 license homes with 2-4 children
  - 5 license homes with 5-6 children
  - 11 register homes with at least 1 child
  - 2 register homes with 2-4 children
  - 2 license and register homes with 1 child
  - 1 licenses and registers homes with 2-4 children

- **family day care homes** have a mean of 3.5 children per home, and a median of 3.0[32]

B. Poverty

Almost one quarter of all children under four years of age live in poverty. For black children the figure is almost one half. Poverty magnifies the risk of ill effects from other sources.

- **related children under four 1983**[33, 34]

	total	*living in poverty*	*% living in poverty*
all races	14,269,000	3,527,000	24.7%
white	11,525,000	2,267,000	19.7%
black	2,252,000	1,100,000	48.8%

24. *Overview of Day Care*. Testimony of Edward Zigler before the House Select Committee on Children, Youth and Families, April 4, 1984.

25. *Children, Youth and Families: 1983*. A Year End Report of the Select Committee on Children, Youth, and Families. March 1984, p. 73. Data from the US Department of Agriculture.

26. Martin O'Connell and Carolyn C. Rogers. "Child Care Arrangements of Working Mothers: June 1982." *Current Population Reports*. Series P-23, No. 129. Bureau of the Census, November, 1983, p. 18.

27. Emily Schrag. "Infant and Toddler Care in the States: The Comparative Licensing Study and Beyond." *Zero to Three*, February, 1984. National Center for Clinical Infant Programs, Washington, D.C.

28. Ibid.

29. *Child Care and Child Abuse*. Testimony of Bettye M. Caldwell before the Select Committee on Children, Youth and Families, September 17, 1984.

30. Development Services. *Family Day Care in the United States: Summary of Findings*. A Report of the National Day Care Home Study. September, 1981, p. 5.

31. *Family Day Care: A Perspective on Child Sexual Abuse in Day Care and an Appropriate Public Policy Response*. Testimony of Diane Adams before the Select Committee on Children, Youth and Families, September 17, 1984.

32. Development Services. *Family Day Care in the United States: Summary of Findings*. A Report of the National Day Care Home Study. September, 1981, p. 53.

33. The poverty threshold for a family of four in 1983 was $10,178. Arno Winard and Steven Rudolph. "Characteristics of the Population Below the Poverty Level: 1983." *Current Population Reports*, Series P-60, No. 147, US Bureau of the Census, Washington, DC 1985, p. 1.

34. Unpublished data from the March 1984 Current Population Survey, US Bureau of the Census.

• **Low** birth weight infants of poor families are more likely to have problems in school than LBW children of more advantaged parents.[35]

35. Marie McCormack, MD. "The Contribution of Low Birth Weight to Infant Mortality and Childhood Morbidity." *The New England Journal of Medicine*. V. 312, No. 2, January 10, 1985, p. 86.

C. Nutrition

Although the percentage of breastfeeding mothers more than doubled between 1971 and 1983, blacks are about half as likely as whites to breastfeed. Non-white children are more likely to be anemic than their white peers, with Hispanic children at particular risk.

• **incidence of breast feeding**[36]

	1971	*1978*	*1983*
all	25%	47%	61.4%
white	-	-	64%
Hispanic	-	-	54%
black	-	-	32%

36. *Report of the Surgeon General's Workshop on Breastfeeding and Human Lactation*. US Department of Health and Human Services, June, 1984. Data from the National Center for Health Statistics and the Ross Laboratory Mothers Survey.

• **breastfeeding by mothers with an income under $10,000, 1984**[37]

all	44%
black	20%

37. *Report of the Surgeon General's Workshop on Breastfeeding and Human Lactation*. US Department of Health and Human Services, June, 1984. Data from the Ross Laboratories Mothers Survey.

• **in a study of 325 disadvantaged children under the age of two** in Chicago, 30.5% were below the 10th percentile for height and weight, and therefore at risk for malnutrition[38]

38. Testimony of Agnes Lattimer. *Review of Studies of the Domestic Hunger Problem and Proposed Solutions*. A Hearing before the Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition of the House Agriculture Committee, October 20, 1983.

• **a study in Boston Hospital** measured disadvantaged children ages 0-4 in their walk-in clinic; they found that 14.4% of the children were under the 5th percentile of weight for height.[39]

39. Testimony of Larry Brown. *Oversight on the Nutritional Status of Low-Income Americans in the 1980s*. Hearing before the Subcommittee on Nutrition of the Senate Committee on Agriculture, Nutrition and Forestry, April 6, 1983.

• **a survey by the Centers for Disease Control of children under two seen at clinics found:**[40]

	1976	*1982*
% under the 5th percentile for height	10.6	8.3
% overweight	11.5	7.5

40. Testimony of Frederick L. Trowbridge. *Review of Studies of the Domestic Hunger Problem and Proposed Solutions*. A Hearing before the Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition of the House Agriculture Committee, October 20, 1983.

• **nutrition for children 3-5, 1980**[41]
6% have iron deficiency anemia
5% have low levels of vitamin A
1% of all children have vitamin C deficiency

41. Testimony of J. Michael McGinnis. *Oversight on the Nutritional Status of Low-Income Americans in the 1980s*. Hearing before the Subcommittee on Nutrition of the Senate Committee on Agriculture, Nutrition and Forestry, April 6, 1983.

• **hemoglobin/hematocrit levels of children 6 mos. through 2 yrs.** by sex and race in the U.S. 1976-1981[42]

Mean hemoglobin levels of children 6 mos. through 2 yrs.

	male	*female*
black	11.4	11.7
white	12.0	12.1

mean hematocrit levels of children 6 mos. through 2 yrs.

	male	*female*
black	34.5	35.1
white	35.4	35.2

42. National Health and Nutritional Examination Survey Hematological and Nutritional Biochemistry Reference Data for Persons 6 mos - 74 years of age: U.S. 1976 - 80 National Center for Vital and Health Statistics, Series 11, No. 232, December 1982. DHHS #(PHS) 83-1682.

• Data from the 1983 Pediatric Nutrition Surveillance System indicate that children aged 2-5 are generally at greatest risk of anemia. Broken down by race:

43. Centers for Disease Control, 1985. Nutrition Surveillance: Annual Summary 1983, DHHS Pub. No. (CDC) 85-8295. Washington, D.C.

Those children 2-5 falling below the 5th percentile for hematocrit[43]

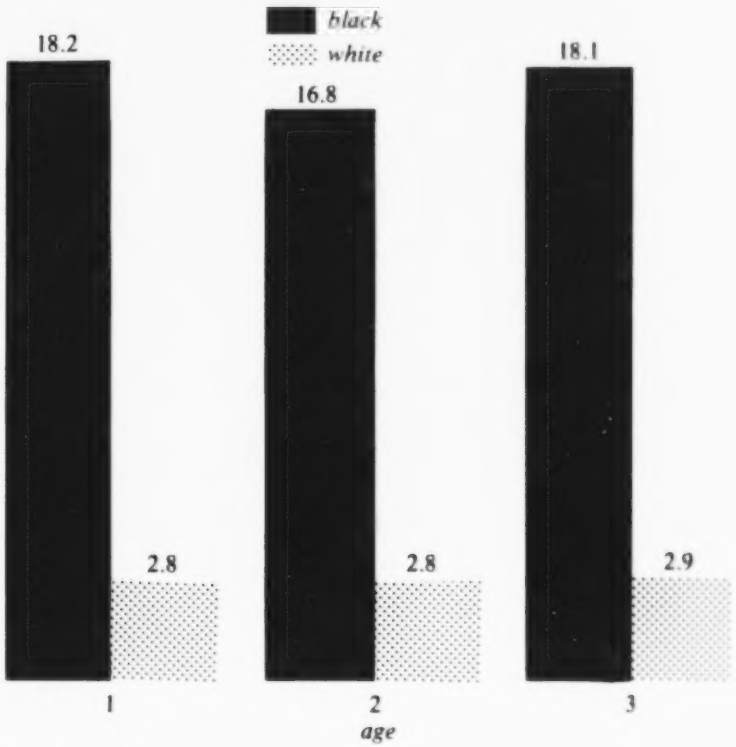
white	7.9%
black	8.2%
Hispanic	11.5%
American Indian	8.9%
Asian	5.0%

D. Environmental Poisoning

Elevated blood levels of lead, known to have effects on brain function, are much greater in low income children and in blacks than among white middle class children in the earliest years.

44. J.L. Ames and K. Mahaffey. *Blood Lead Levels for Persons Ages 6 Months - 74 years.* Vital and Health Statistics, Series 11, No. 233, US Department of Health and Human Services, August, 1984.
By definition, an elevated blood lead level, known to lead to damage, is > 30 micrograms/decaliter. It is suspected that brain cell and other damage appears even at levels of 20 and 25 mg/dl.

• % of children with elevated blood lead by race and age, 1980[44]



45. Ibid.

• % of children, 6 months - 5 years, with elevated blood lead, by family income, 1980[45]

	all races	*white*	*black*
income			
< $6,000	10.9	5.9	18.5
$6000-14,999	4.2	2.2	12.1
> $15,000	1.2	0.7	2.8

E. Divorce and Custody

While 59% of all American children under three live in a two-parent home, by the time children are 3-5 this percentage has decreased by 7%, with virtually the entire difference accounted for by an increase in the number of female single parents. One out of every five 3-5 year olds (and more than half of all black pre-schoolers) lives with a single mother.

46. National Center for Health Statistics, V. 32, No. 13, September 21, 1984, *Monthly Vital Statistics Report.*

• divorces in 1983[46]

number	*rate/1000 population*
1,179,000	5.0

47. Arthur J. Norton, "Research Note," US Bureau of the Census, Population Division, March 10, 1983.

• of children born in 1983[47]

45% will have parents who divorce
59% will live at some time in a single-parent home

48. "Household and Family Characteristics, March, 1984." *Current Population Reports*, Series P-20, No. 398, US Bureau of the Census, Table 1.

• families with own children under 3, in thousands, and percentages, March 1984,[48]

	all	*white*	*black*	*Hispanic*
total	8,423/100%	7,179/100%	974/100%	745/100%
married couple	7,201/85%	6,453/90%	506/52%	621/83%
male parent	159/2%	128/2%	27/3%	14/2%
female parent	1,063/13%	598/8%	442/45%	110/15%

49. Ibid.

• families with own children 3-5, in thousands, and percentages March 1984[49]

	all	*white*	*black*	*Hispanic*
total	5,794/100%	4,784/100%	818/100%	549/100%
married couple	4,517/78%	3,978/83%	381/46%	416/76%
male parent	112/2%	88/2%	21/3%	11/2%
female parent	1,166/20%	718/15%	414/51%	122/22%

F. Foster Care and Adoption

Figures on children in foster care are much more approximate than figures relating to birth, death and health status. Nevertheless, it is estimated that roughly 50,000 children three years and under are in foster care. Close to one fifth of these are handicapped. Two thirds of the children in foster care are not free for adoption; about half of those who are free are awaiting placement.

50. Unpublished data is from the Maximus Inc. Child Welfare Indicator Survey, 1983, conducted under grant from the Children's Bureau, Administration for Children, Youth, and Families.

• children in foster care, 1982[50]

total	*age 0-3*
243,000	49,000
100%	20%

51. Ibid.

• children age 1-3 in foster care, by sex, 1982[51]

girls	*boys*
44%	56%

52. Ibid.

- **children age 1-3 in foster care, by race, 1982**[52]

white	*black*	*Hispanic*	*Asian-American*	*Native American*
57%	32%	8%	.1%	2.4%

53. Ibid.

- **19% of the children** aged 1-3 in the foster care system in 1982 were handicapped[53]

54. Ibid.

- **living situation of children 1-3 in foster care, 1982**[54]

in unrelated foster family	68.0%
in related foster family	10.0%
in adoptive placement	13.5%
in group home	1.5%
in institutional care	0.5%

55. "Characteristics of Children Free for Adoption." *Child Welfare Research Notes #2*. December, 1983.

- **adoptive status of foster care children by age, 1982**[55]

	free for adoption	*not free*
0-1	35%	65%
1-3	23%	77%

56. Ibid.

- **placement status of children awaiting adoption, by age, 1982**[56]

	placed	*waiting for placement*
0-1	46%	54%
1-3	54%	46%

57. Charles P. Gershenson. *Child Welfare Population Characteristics and Flow Analysis*. Administration for Children, Youth and Families, 1982, p. 19.

- **status of children in the foster care system by age, 1981**[57]

	0-5	*6-12*	*13-20*	*0-20*
adopted	50%	35%	15%	100%
waiting adoption	34%	41%	25%	100%
substitute care	22%	29%	49%	100%

58. "Characteristics of Children in Foster Care." *Child Welfare Research Notes #1*. December, 1983.

- **children in foster care, 1982**[58]
- the mean length of a placement in foster care is 35 months, the median 21 months
- the average age of a foster care child was 10.1

59. Charles P. Gershenson. *Child Welfare Population Characteristics and Flow Analysis*. Administration for Children, Youth and Families, 1982, p. 19.

- **reasons for entering substitute care, all ages, 1981**[59]

abuse and neglect	56%
parental problems	20%
other child-related problems	10%
parental rights terminated	5%
behavior problem	4%
handicapped	3%
family problem	2%

60. "The Cost Saving Impact of Permanency Planning." *Child Welfare Research Notes #6*. April, 1984.

- **average annual maintenance cost** per child in foster care is $5,400[60]

IV. Their Health Care

A. Prenatal Health Care and Nutrition

Lack of adequate early prenatal care and poor nutrition during pregnancy are associated with low birth weight, handicapping conditions and infant mortality. Nonetheless, more than 5% of all pregnant women receive prenatal care only in the third trimester or not at all, and this percentage has been increasing, rather than diminishing, since 1981. (The percent for black women is more than double that for white women.) And the trend in recent years is in the wrong direction. The rate of whites receiving early prenatal care in Connecticut is almost double the rate of non-whites in the District of Columbia. Fewer than one third of pregnant women and children under age five eligible to receive supplemental feeding under the WIC program actually receive benefits.

• prenatal care[1]

	from 1st trimester			*from 3rd or not at all*		
	1981	*1982*	*1983*	*1981*	*1982*	*1983*
all births	76.3%	76.1%	74.6%	5.2%	5.4%	5.6%
white	79.4%	79.3%	77.9%	4.3%	4.4%	4.5%
black	62.5%	61.5%	59.9%	9.0%	9.5%	9.5%

1. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 32, No. 9, Supplement, December 29, 1983, p. 7, and V. 34, No. 6 Supplement, September 20, 1985, *and* Report to Congressman John Dingle, Department of Health and Human Services, April 3, 1985.

• babies born with prenatal care from first trimester, ranked by state, 1983[2]

		percent		
rank	*state*	*total*	*white*	*non-white*
1	Connecticut	85.7	88.7	66.7
2	Massachusetts	85.6	86.6	76.1
2	Iowa	85.6	86.1	73.8
4	New Hampshire	84.8	84.9	78.8
5	Rhode Island	84.7	86.9	64.9
6	Maine	84.0	84.1	80.9
7	Wisconsin	83.8	85.6	65.9
8	Vermont	82.9	83.0	75.4
9	Utah	82.2	83.0	66.3
10	North Dakota	81.5	82.8	68.1
11	Michigan	81.2	83.3	71.4
11	Kansas	81.2	82.8	68.5
13	Ohio	81.0	83.5	66.5
14	New Jersey	80.7	84.6	67.0
15	Virginia	80.6	84.4	70.0
15	Nebraska	80.6	81.9	64.5
17	Missouri	79.2	81.7	66.6
17	Montana	79.2	81.6	60.6
19	Minnesota	79.1	80.6	57.7
20	Pennsylvania	79.0	81.9	60.9
21	Wyoming	78.7	79.3	67.1
22	Maryland	78.5	84.3	66.5

2. Kay Johnson, Sara Rosenbaum, and Janet Simons. *The Data Book: The Nation, States, and Cities*. The Children's Defense Fund, Washington, DC, 1985. Data collected by CDF from the National Center for Health Statistics and state vital statistics bureaus (ranked by total white & nonwhite).

rank	state	total	white	non-white
			percent	
23	Louisiana	78.3	85.9	66.5
24	Illinois	77.8	81.5	65.7
24	North Carolina	77.8	83.8	64.8
26	Washington	77.6	79.2	66.1
27	Oregon	77.5	78.3	68.3
28	Indiana	77.2	79.5	57.1
29	California	77.1	77.6	75.0
30	Delaware	76.6	82.1	60.6
31	Colorado	76.4	77.2	67.7
32	Idaho	75.7	76.0	66.0
33	Georgia	75.2	81.8	63.4
33	Alaska	75.2	79.0	65.9
35	Kentucky	75.0	76.6	60.7
36	Tennessee	74.7	78.3	62.3
37	Mississippi	74.6	85.1	63.3
38	Hawaii	74.1	75.1	73.8
38	Nevada	74.1	76.7	61.9
40	Alabama	73.2	81.5	58.2
41	Arizona	72.6	74.8	61.2
42	South Dakota	72.1	76.8	46.3
43	West Virginia	72.0	72.7	56.1
44	New York	71.2	77.5	51.4
45	Florida	68.2	74.1	51.6
46	Arkansas	68.1	73.9	50.5
47	Texas	67.7	69.3	59.1
48	Oklahoma	67.4	71.6	50.9
49	South Carolina	66.5	76.0	52.2
50	New Mexico	61.5	64.2	48.4
51	District of Columbia	59.0	76.0	48.0
	United States	76.2	79.4	63.4

• **median number of prenatal care visits**[3]

	1980	*1981*	*1983*
all	11.2	11.4	11.6
white		11.8	12.0
black		10.2	10.3

3. National Center for Health Statistics. *Monthly Vital Statistics Report*. V. 34 No. 6. Supplement. September 20, 1985, p. 9.

• As one study shows, the difference between adequacy of prenatal care for whites and non-whites is particularly large for adolescents:

• **first trimester care received in New York City, 1981**[4]

	all	*under 20*
whites	74%	45%
non-whites	44%	29%

4. *Children, Youth and Families: 1983*. A Year End Report of the Select Committee on Children, Youth, and Families. March, 1984, p. 8.

• **the 1984 Deficit Reduction Act** requires that states must cover pregnant women's health care from the date of medical verification of pregnancy if the woman will qualify for AFDC when the child is born, or will qualify under the guidelines for AFDC-UP, even if the state does not have an AFDC-UP program. After birth, the baby is automatically covered for one year.[5]

5. Sara Rosenbaum and Judith Weitz. "The Deficit Reduction Act of 1984: Medicaid Changes for Children and Pregnant Women." The Children's Defense Fund, Washington, DC, July, 1984.

6. Mary Grace Kovar and Denise Merry. *Better Health for Our Children: A National Strategy*. Vol. III. The Report of the Select Panel for the Promotion of Child Health. US Department of Health and Human Services, 1981, p. 298. Data from the Department of Agriculture and State WIC programs.
Recipients get about $30 a month in food stamps for specific foods.

The Supplemental Nutrition Program for Women, Infants, and Children serves individuals whose income is between 100 and 185% of the poverty line. The priorities for those served are 1) pregnant and breastfeeding women and infants at demonstrated nutritional risk; 2) infants aged 0-6 months whose mothers were on, or qualified for, WIC during pregnancy; 3) children at demonstrated nutritional risk; 4) pregnant and breastfeeding women and infants at risk because of dietary pattern; 5) children at risk because of dietary pattern; 6) postpartum women at nutritional risk. States may subprioritize. *Federal Register*, V 50, No. 30, February 13, 1985, pp. 6113-6117; and *Federal Register*, V 50, No. 88, April 9, 1985, p. 19220.

7. Conversation with Phil Cohen, US Department of Agriculture, July, 1985.

8. Unpublished data, Supplemental Food Programs Division, United States Department of Agriculture, 1985.

9. "WIC evaluations provide some favorable but no conclusive evidence on the effects expected for the Special Supplemental Program for Women, Infants and Children." Report by the US General Accounting Office, GAO/PEMO-84-4, January 30, 1984.

10. M. Kotelchuck et al. *1980 Massachusetts Special Supplemental Food Program for Women, Infants and Children Evaluation Project*. Division of Family Health Services, Massachusetts Department of Public Health, 1980.

11. *WIC-The Supplemental Nutrition Program for Women, Infants and Children*. Food Research and Action Group.

12. Testimony of Milton Kotelchuck. *Oversight on the Nutritional Status of Low-Income Americans in the 1980s*. Hearing before the Subcommittee on Nutrition of the Senate Committee on Agriculture. Nutrition and Forestry, April 6, 1983.

- **eligible persons served by WIC, 1980**[6]

	% served
all	20.3
children < 5	18.9
pregnant women	27.1

- **In 1984, between 25% and 33%** of the 10 to 12 million eligible individuals were served by WIC[7]

- **WIC program participation**[8]

	FY 80	FY 82	FY 84	FY 85 (Oct-May)
women	411,159	477,471	656,643	652,770
infants	506,426	623,225	825,053	895,589
children	992,807	1,087,812	1,563,078	1,614,293
total	1,910,392	2,188,508	3,044,774	3,162,652

- **a Government Accounting Office assessment of studies of WIC's effectiveness** found that while there was no conclusive evidence, there was moderate evidence for four beneficial outcomes: increase in mean birth weights; decrease in percentage of LBW infants; effects, for high risk groups and for those participating in WIC for over six months, on birth weights, and improvement on maternal nutrition[9]

- **according to a 1980 Massachusetts study** matching WIC recipients and other mothers, mothers on WIC had a small but positive improvement in birth outcomes. These differences were magnified by the length of time in the program, and WIC proved to be especially effective for mothers under 17.[10]

- **a study by the Centers for Disease Control** found that participation in WIC reduced levels of anemia[11]

- **a study of 1300 women** who received WIC assistance during their second, but not their first pregnancy found that poor pregnancy outcomes were significantly reduced, with low birth weight, mortality and prematurity rates all down[12]

B. Acute and Preventive Health Care for Infants and Toddlers

Regular preventive health care for infants and toddlers reflects the lack of a well funded, comprehensive system of health care prevalent in many other countries: Whereas England spends 119% of what it spends on health care for prime age adults on health care for children, the United States spends 37%. Well child services in the U.S. are spotty as well as poorly funded. Children average almost six doctor visits in their first year of life, many for preventive check-ups and immunizations. The rate of hospitalization for infants under one year has increased by more than one third between 1973 and 1983. Many children, nevertheless, still do not receive routine preventive health care. EPSDT screens only about one quarter of those eligible. What is more, close to one fifth of women age 15-44 have no

insurance coverage for themselves or their children. Women 18-24 years old account for 40% of all births; yet 25% of women in this age group have no insurance coverage.

13. *Health: United States: 1984*. US Department of Health and Human Services, Washington, 1985. Table 43.

• interval since last physician contact, children under 6, 1982[13]

within the year	*w/in 1-2 years*	*more than 2 years*
89.2%	6.4%	2.3%

14. Ibid., Table 42.

• source of most recent physician contact, children under 6, 1981[14]

physician's office	*Outpatient Hospital clinic or emergency room*	*telephone*	*home & other*
61.6%	12.5%	20.0%	5.9%

15. Vital and Health Statistics Physician Visits: Volume and Interval Since Last Visit, U.S. 1980. Data from the National Health Survey, Series 10, No. 144. Table 18, Note: Totals do not add up to 100% since one visit may involve more than one type of service.

• reason for visit to physician by children 0-5, 1980[15]

diagnosis/ treatment	*checkup*	*immunization*	*other*
77.8%	15.0%	8.1%	0.2%

16. Mary Grace Kovar and Denise Merry. *Better Health for Our Children: A National Strategy*. Vol. III. The Report of the Select Panel for the Promotion of Child Health. US Department of Health and Human Services, 1981, p. 247. Data from the National Center for Health Statistics.

• office visits to a physician per person per year, 1976[16]

under 1 yr.	*1-5 yrs.*
5.8	2.3

17. Eileen McCarthy and Lola Jean Kozak. "Hospital Use by Children: United States, 1983." *Advance Data*, National Center for Health Statistics, No. 109, May 23, 1985, Table 1. Data from the 1983 National Hospital Discharge Survey.

• hospital use by children under 1[17]

	1973	*1978*	*1983*
# discharges	580,000	691,000	936,000
rate/ 1000	185.6	207.7	255.8
average length of stay	6.4 days	5.9	6.6

18. Ibid.

• hospital use by children, 1-4[18]

	1973	*1978*	*1983*
# discharges	1,214,000	1,044,000	1,146,000
rate/ 1000	88.4	84.2	80.9
average length of stay	4.3	4.0	3.7

19. Ibid., Table 4.

• primary reason for hospital stay, children under 1, 1983[19]

	number	*rate/ 1000*	*days stayed*
respiratory disease	237,000	64.6	4.5
perinatal conditions	206,000	56.2	12.8
digestive diseases	127,000	34.6	3.9
infectious/ parasitic dis.	75,000	20.4	4.9
congenital anomalies	75,000	20.4	6.3
dis. of nervous system and sense organs	61,000	16.7	5.2

20. Ibid., Table 5.

- **reasons for hospital stay, children 1-4, 1983**[20]

	number	*rate/1000*	*days stayed*
respiratory disease	420,000	29.7	3.3
dis. nervous system and sense organs	137,000	9.7	3.0
digestive diseases	135,000	9.5	2.9
injuries and poisoning	133,000	9.4	4.4
infectious/parasitic dis.	68,000	4.8	4.0
congenital anomalies	64,000	4.5	5.7
genitourinary disease	44,000	3.1	3.6
undefined symptoms	24,000	1.7	3.1

- **4% of children 1-5 in the early 1970's** had severe eye abnormalities requiring treatment—of these 71% received no treatment[21]

21. Mary Grace Kovar and Denise Merry. *Better Health for Our Children: A National Strategy.* The Report of the Select Panel for the Promotion of Child Health to the United States Congress and the Secretary of Health and Human Services. Volume III. 1981, p. 48. Data from the National Center for Health Statistics.

- **disability days per year, children 0-5**[22]

1970	*1976*	*1981*
9.8	11.2	11.1

22. *Health: United States: 1984.* US Department of Health and Human Services, Washington, 1985. Table 32.

- **immunization of preschool children, 1-4, 1983**[23]

	all	*white*	*non-white*
measles			
1983	64.9%	66.8%	57.2%
1976	65.9%	68.3%	54.8%
rubella			
1983	64.0%	66.3%	54.7%
1976	61.7%	63.8%	51.5%
DPT			
1983	65.7%	70.1%	47.7%
1976	71.4%	75.3%	53.2%
mumps			
1983	59.5%	61.8%	50.0%
1976	48.3%	50.3%	38.7%
polio			
1983	57.0%	61.9%	36.7%
1976	61.6%	66.2%	39.9%

23. US Bureau of the Census. Statistical Abstract of the United States, 1982-1983. Table 187. Data obtained by CDC from parent report.

- **The Child Care Food Program** of the Department of Agriculture in May 1985 served 22.9 million meals to day care homes and 37.1 million meals to child care centers[24]

24. Food & Nutrition Service, U.S. Department of Agriculture. *Food Program Update for May 1985.* Program Information Division/PRAB August 1985. This program requires receiving centers to take part in training workshops and serves as a valuable incentive to family day care providers to become registered and trained.

- **insurance coverage by age, 1978**[25]

	1	*1-4*
insured	81.8%	86.9%
private	64.9%	70.7%
Medicaid	13.5%	13.7%
military	4.4%	4.1%
not insured	15.9%	11.7%
unknown	2.3%	1.4%

25. Lola Jean Kozak and Eileen McCarthy. "Hospital Use by Children in the US and Canada." *Vital and Health Statistics,* Series 5, No. 1, National Center for Health Statistics, August, 1984, Table EE.

- **insurance coverage, 1976**[26]

	covered	*not covered*
under 6	70.8%	29.2% (19 million)
6-11	75.3%	24.7%
12-17	77.5%	22.5%
poor (< $5000)	75.0%	25.0%

26. Mary Grace Kovar and Denise Merry. *Better Health for Our Children: A National Strategy*. Vol. III. The Report of the Select Panel for the Promotion of Child Health. US Department of Health and Human Services. 1981, pp. 300 and 60.

- **more than 5% of private health insurance policies** do not cover prenatal care; 45% do not cover postnatal care, and 50% only partially cover newborns[27]

27. Max Fine Associates, Washington, DC, 1985.

- **how much insurance covers**[28]
- covers only the unexpected or unusual
- in 1978

46% of hospital care was covered, but only 16% of physicians' services
only 6% of children were hospitalized, 75% saw physicians

- 17% of women of reproductive age, 15-44, have no insurance coverage. More than 25% of all women in the prime child bearing years, 18-24 have no insurance coverage at all either through public programs or through private insurance policies. Yet 40% of all births in the U.S. are to women in this age bracket[29]

28. Mary Grace Kovar and Denise Merry. *Better Health for Our Children: A National Strategy*. Vol. III. The Report of the Select Panel for the Promotion of Child Health. US Department of Health and Human Services. 1981, pp. 59-62.

29. Rachel Benson Gold. "Research on Access to Health Insurance: Relationship to Prenatal Care." Data compiled by the Alan Guttmacher Institute, January 1986, Washington D.C., from Current Population Survey conducted by U.S. Census Bureau.

- **early and periodic screening, diagnosis, and treatment**[30]
- of 9 million eligible children, ages 0-21, 25% received services, 10% were in continuing health care, and 35% were not due for services in 1984
- 6 million children were eligible for dental services: 2 million were served
- the most common diagnoses were for vision problems, dental, hearing, anemia, and upper respiratory tract problems
- number of visits paid for by age group, in the various states

number of visits

age	7+	6*	5	4	3	2	1
< 1	2 states	6	12	11	5	9	8
1-4	1	5	21	10	10	3	3

*6 is the number of visits for this age group recommended by the American Academy of Pediatrics

30. *Early and Periodic Screening, Diagnosis, and Treatment*. EPSDT Program Report, Fiscal Year, 1984. Health Care Financing Administration. September 28, 1984.

- **no nationwide data** are available on the patchwork of programs which exist to serve disabled infants and toddlers

- Health expenditures per child in Britain are 119% of expenditures per prime age adult, whereas in the United States they are only 37% as much[31]

31. Henry J. Aaron and William B. Schwartz. *The Painful Prescription: Rationing Hospital Care*. Washington, D.C. The Brookings Institution, 1984, p. 97.

C. Mental Health Services

- **admissions per 100,000 for psychiatric services, 0-4, 1975**[32]

	number	*rate*
inpatient	416	0.5
outpatient	17,734	5.0

32. Mary Grace Kovar and Denise Merry. *Better Health for Our Children: A National Strategy*. Vol. III. The Report of the Select Panel for the Promotion of Child Health. US Department of Health and Human Services. 1981, p. 257. Data from the National Institute of Mental Health.

• **in a 1979 study 64% of children** identified by pediatricians as having a psychiatric problem had been referred for treatment; at least 12% of those had received no treatment[33]

33. I. Goldberg, K. Roghmann, T. McInerny, J. Burke. "Mental Health Problems Among Children Seen in Pediatric Practice: Prevalence and Management," *Pediatrics*, March, 1984, Vol. 73, No. 3.

• **A 1977 study of the treatment of behavioral and emotional problems** revealed a very wide variation from one pediatric treatment center to another.

34. Barbara Starfield. "Behavioral Pediatrics and Primary Health Care," *Pediatric Clinics of North America*, V. 29, No. 2, April 1982, p. 382.

one year treated prevalence of behavioral and emotional problems in children 0-4 years old under four kinds of health plans[34]

kind of practice

	multi-specialty group practice HMO		*health center*		*prepaid plan*		*fee-for-service*	
sex	M	F	M	F	M	F	M	F
special symptoms (speech disturbance hearing disturbance tics, psychosomatic disorders, disorders of sleep, feeding disturbances, enuresis encopresis, cephalalgia other special symptoms)	0	0	2.0	0	18.5	2.5	6.9	3.4
transient situational (disturbance, social maladjustment, nonspecific conditions)	3.7	3.9	4.1	0	3.3	2.5	1.3	1.4
behavioral disorder (hyperkinetic reactions, withdrawing reactions, overanxious reactions, unsocialized agression, and other reactions)	13.1	6.9	0	7.0	4.4	2.5	4.4	2.7
mental retardation	0	0	2.0	2.3	0	0	1.3	0.7

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